

Sexual and Reproductive Health of Adolescents and Youths *in the PHILIPPINES*

*A Review of Literature and Projects
1995 - 2003*



WORLD HEALTH ORGANIZATION
WESTERN PACIFIC REGION

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WHO Library Cataloguing in Publication Data

Sexual and reproductive health of adolescents and youths in Philippines: a review of literature and projects 1995-2002.

1. Sexuality 2. Reproductive medicine 3. Adolescent 4. Philippines

ISBN 92 9061 189 8 (NLM Classification: WS 462)

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Acronyms

AGI	Alan Guttmacher Institute
AHYDP	Adolescent Health and Youth Development Program
AYHDP	Adolescent and Youth Health Development Program
AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent Reproductive Health
ARMM	Autonomous Region of Muslim Mindanao
ASSRC	Ateneo Social Science Research Center
CAR	Cordillera Autonomous Region
DOH	Department of Health
DOST	Department of Science and Technology
DPF	Development People's Foundation, Inc.
FGD	Focus Group Discussion
FNRI	Food and Nutrition Research Institute
FP	Family Planning
FPS	Family Planning Survey
HAIN	Health Action Information Network
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IPHC	Institute of Primary Health Care
ISSA	Institute for Social Studies and Action Institute
IUD	Intra-Uterine Device
KAP	Knowledge, Attitudes and Practices
LGU	Local Government Unit
MIDAS	Mayon Integrated Development Alternatives and Services, Inc.
NCR	National Capital Region
NDHS	National Demographic and Health Survey
NDS	National Demographic Survey
NGO	Nongovernmental organization
NHSS	National HIV Sentinel Surveillance
NSCB	National Statistical Coordination Board
NSO	National Statistics Office
NYC	National Youth Commission

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PGYTS	Philippine Global Youth Survey
PMS	Premarital Sex
POPCOM	Commission on Population
POPED	Population Education
PPRPI	Philippine Population Research for Policy Initiatives
RAF	Ramon Aboitiz Foundation
RH	Reproductive Health
RTI	Reproductive Tract Infection
STI	Sexually Transmitted Infection
SWS	Social Weather Station
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UP CIDS	University of the Philippines Center for Integrative and Development Studies
UPPI	University of the Philippines Population Institute
WCC	Women's Crisis Center
WHO	World Health Organization
YAFS II	Young Adult Fertility and Sexuality Study II
YAFSS III	Young Adolescent Fertility and Sexuality Survey II

Acknowledgement

The World Health Organization (WHO) – Regional Office for the Western Pacific Region gratefully acknowledges the invaluable contribution to this review of the following:

- | | |
|---------------------------------------|---|
| Ms. Maria Leny E. Felix | Executive Director and Principal Investigator, Center for Reproductive Health Leadership and Development, Inc. (CRHLD), Philippines |
| Dr. Regina de la Paz-Ingente | Associate Investigator, Center for Reproductive Health Leadership and Development, Inc. (CRHLD), Philippines |
| Dr. Alejandro R. San Pedro | Associate Investigator, Center for Reproductive Health Leadership and Development, Inc. (CRHLD), Philippines |
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| Ms. Christie Suyin Ceres G. Jamoralin | Research Associate, Center for Reproductive Health Leadership and Development, Inc. (CRHLD), Philippines |
| Ms. Jihan A. Jacob | Research Assistant, Center for Reproductive Health Leadership and Development, Inc. (CRHLD), Philippines |

This is one of the reviews on the literature and projects of sexual and reproductive health of adolescents and youths in eight Asian countries.*

Adolescents and youth make up one-fourth of the population in the Western Pacific Region. At least 17 out of 37 countries and areas in the Region have a median age below 25 years. The health of adolescents is, therefore, a key element and an investment for the social and economic progress in the Region. Many of the problems adolescents experience are inter-related and should be regarded in a comprehensive manner. However, adjusting to sexual development and protecting their reproductive health are the major challenges for adolescents.

Adolescents are vulnerable because they lack knowledge and skills to avoid risky behaviour and lack access to acceptable, affordable and appropriate reproductive health information and services. This is often compounded with environmental disadvantages such as poverty and unemployment. Social



norms of sexuality have also changed in the past 2 decades and puberty comes 2-3 years earlier over one century, but the environment to support adolescents has not changed. There is still much to be desired in terms of governments' institutionalization and allocation of funds. Also families and communities are still unprepared to provide accurate reproductive health information and

* Cambodia, China, Lao People's Democratic Republic, Malaysia, Mongolia, Philippines, Republic of Korea, Viet Nam

services necessary for adolescents. Risks of unwanted pregnancies, unsafe abortions, pregnancy-related complications, sexually transmitted infections and HIV/AIDS, all of which are important elements of Millennium Development Goals (MDG), continue to threaten adolescents.

Since the International Conference on Population and Development (ICPD) in Cairo in 1994, where the importance of adolescent reproductive health was acknowledged, many studies and programmes have been carried out by various national and international agencies and nongovernmental organizations. In order to assist governments to achieve the objectives of ICPD and MDG, the WHO Western

Pacific Regional Office provided technical and financial support to several countries to conduct literature and programme reviews.

As a result of these reviews, countries now have evidence-based information for the development of national policies and strategies for adolescent sexual and reproductive health. I appreciate the practical and cost-effective use of existing information for increasing awareness of adolescent reproductive health and for improving our work. Here, I also would like to express my thanks to the governments, the reviewers and researchers for your contributions to improving the reproductive health of adolescents and youths.

Shigeru Omi, MD, Ph.D
Regional Director
WHO Regional Office for the Western Pacific

Introduction

The International Conference on Population and Development (ICPD) held in Cairo in 1994 highlighted adolescent reproductive health (ARH) as a priority concern. This is in recognition of the reality that adolescents have a specific set of needs which are different from adults because they are in a period of transition from childhood to adulthood.

As a signatory to the ICPD Programme of Action, the Philippines has initiated efforts to address the reproductive health needs of its populace, especially adolescents, by incorporating ARH in the Department of Health's Reproductive Health Framework, and supplementing it with the Adolescent and Youth Health Policy. These are meant to complement and strengthen the existing efforts being done by the Commission on Population and NGOs, who have continuously worked for mainstreaming of ARH concerns.

Various studies, programs and policies on ARH have already been undertaken by government agencies, NGOs, the academic community and international

organizations. However, little has been done to integrate available information and share them to the different stakeholders.

To address this gap, the World Health Organization and National Center for Disease Prevention and Control of the Department of Health in collaboration with the Center for Reproductive Health Leadership and Development undertook this review of literature and programs on ARH in the Philippines from 1995-2003. This review aimed to present information on the reproductive health status of adolescents, progress of educational and service interventions, lessons learned and issues and challenges. Important recommendations are also highlighted in the results of the review.

Hopefully, this report will help policy-makers, service providers, donor organizations, as well as the target clients understand the concrete situation of adolescents, learn from effective approaches and weaknesses, and guide them in developing appropriate policy and programme responses.

1. Review methodology

1.1 Overview and objectives

According to the World Health Organization (WHO), adolescents are 10 to 19 years old, youth are 15 to 24 years old, and young people are 10 to 24 years old. In the Philippines, most studies and programme interventions for adolescents focused on people aged 15 to 24 years. The primary reason cited for focusing on this broader age group was their ability to better respond to study questions pertaining to sex, sexuality, contraceptive use, sexually transmitted infections (STI) and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).

Including younger adolescents aged 10 to 14 would have been difficult given the socio-cultural context and the programme interventions. Impediments to studying the younger group also included: parents' objection; service providers' bias; and communities' and churches' conservative beliefs. Consequently, the terms adolescent and youth are used interchangeably in most of the literature, programmes, and

projects. This literature and programme review was conducted to take these considerations into account.

The objectives of this review were:

- To identify the extent of adolescent reproductive health (ARH) problems, such as unwanted pregnancy, abortion, and complications resulting from early and unprotected sex.
- To examine trends in ARH, such as early sexual maturity or initiation, changing norms or attitudes, and increasing incidence of abortion, maternal and infant morbidity.
- To assess the needs and gaps in the delivery of ARH care.
- To assess the evidence of effective policies and interventions as well as the limitations of current policies and interventions.
- To determine WHO's role in facilitating integration of programs on adolescent reproductive health in the Philippines.

1.2 Methodology

This review was conducted from 20 July to 30 September 2003. The process included analyzing published and unpublished studies, organizational reports, and information, education and communication (IEC) materials. All materials studied were produced after the 1994 International Conference on Population and Development (ICPD) in Cairo, Egypt. Programs and projects implemented during this period were examined by the research team specifically for this report. Policies related to ARH, especially those enacted after ICPD, were also documented by the team.

The material was gathered from 65 organizations. A total of 192 local and international documents were included. Of these, 17 were published before 1994 and 92 were published after 1995. For the period 1995 to 2003, the published papers included 42 studies and 50 other documents, such as annual reports, evaluation reports, newsletters, brochures, modules/handbooks and primers. Also included in the 1995 to 2000 period were 51 unpublished documents. Out of all the materials, 32 did not have a publication date. Seventeen policies related to ARH were documented. A number of materials published before

1995 were also used for comparative analysis.

Key informant interviews were also conducted with 21 programme implementers and researchers from academia, government agencies, nongovernmental organizations (NGOs), and international donor organizations. Thirty-eight organizations involved in ARH research and programme implementation were contacted.

In sum, the materials included in the review were:

- published results of research, studies or programmes (including those published in local language);
- national statistics and survey results;
- official policy (i.e. from the Department of Health and the Commission on Population or POPCOM); and
- results of research, studies or programmes of international agencies, government agencies or NGOs.

The material covers a range of ARH topics, including: demographic characteristics; reproductive health

status; concerns and needs; knowledge, attitudes and practices (KAP); geographic, social and cultural influences; educational and service interventions; the policy environment; lessons learned; effective approaches; gaps in service delivery; and actions needed to improve ARH.

The methods used for the literature search and data collection included:

- Internet searches of the websites for international and local organizations that do work on ARH;
- library searches in academic institutions, government agencies, NGOs, and international organizations with ARH papers, studies, reports and IEC materials; and
- key informant interviews to validate, update, and enrich information gathered from the literature search.

One limitation of the review was that 32 documents were not dated and the dates were not verified because of lack of time. However, they have been included because they contain insightful

information and were completed between 1995 and 2003. Another limitation was the scarcity of literature on adolescents between 10 to 19 years old. As a result, trends among this age group were difficult to establish.

Given their magnitude and the importance of their data, the results of YAFS I, YAFS II (1994) and YAFS III (2002) have been used extensively in this review. Conducted by the University of the Philippines, Population Institute (UPPI) in partnership with local research institutions in 14 regions, the surveys aimed "to provide updated information on a broad framework of adolescent sexuality and reproductive health issues, their antecedents and manifestations that can be used in various intervention measures to safeguard the health and welfare of the Filipino youth" (YAFS III). Quantitative and qualitative data on the nature and magnitude of sexuality and related KAPB of young adults at the national and sub-national levels were collected and analyzed. Please refer to the following table for more information about the research.

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Table 1 (NATIONAL): list of major researches on ARH

NATIONAL	Title	Respondents	Sample Size	Age Bracket	Methodology	Year
	1982 Young Adult Fertility and Sexuality Survey (YAFS I)	Filipino female youth	5204	15-24	Survey, interviews	1982
	1993 McCann Youth Study	Filipino youths	500	12-21		1993
	1994 Young Adult Fertility and Sexuality Survey (YAFS II)	Filipino female and male youths	10 879	15-24	Face-to-face survey, interviews	1994
	Social Weather Station (SWS)-National Youth Commission (NYC) Study on the Situation of Youth in the Philippines		1200	15-30	Face-to-face interviews, sealed envelope method	1996
	Pagnanasa, Pagmamahal: Contextual Factors Affecting Risk-Related Sexual Behavior Among Young Adults in the Philippines	Young adults	301 (at least)		In-depth interviews, key informant interviews, focus group discussions (FGDs), participant Observation	1996
	2000 Family Planning Survey	Women	44 209	15-49	Survey	2000
	2000 McCann Youth Study	Filipino youths	900	13-21		2000
	State of the Philippine Population Report					2000

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	Title	Respondents	Sample Size	Age Bracket	Methodology	Year
NATIONAL	2002 Young Adult Fertility and Sexuality Study (YAFS III)	Filipino female and male youths	20 000	15-27	Quantitative and qualitative	2002
	Filipino Adolescents in Changing Times	Young people	189 and 13 (key informants)	14-19	FGDs, key informant interviews	2003
	Teenage Deliveries in Selected Hospitals in Metro Manila	Teenage mothers	1020	15-19 and 20-24	Questionnaires	

Table 1 (LOCAL): List of major researches on ARH

	Title	Respondents	Sample Size	Age Bracket	Location	Methodology	Year
LOCAL	First Report on FGD on Reproductive Health Risks of Women and Fertility Decision-making in the Philippines	Men and women		18-44	Nueva Ecija and Metro Manila	FGDs	1992
	Qualitative data relevant to AIDS prevention gathered from sex workers, injecting drug users and at-risk youth in Cebu	Sex workers, injecting drug users, at-risk youth	92	15-35	Cebu City	FGDs and Key Informant Interviews	1995
	M'ranao Youth: Views on Reproductive Health and Sexuality	Youth	118	15-25	Marawi City and Lanao del Sur	FGDs, participant observation and Kis	1998

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Table 1 (LOCAL Continued): List of major researches on ARH

	Title	Respondents	Sample Size	Age Bracket	Location	Methodology	Year
LOCAL	Knowledge of HIV/AIDS among Young Adults in Region VII	Young adults	807	15-24	Region VII	Survey	1999
	Improving Adolescent Reproductive Health in Negros Occidental	Adolescents, parents, teachers, gatekeepers, health providers	121	12-20	Negros Occidental	Survey	1999
	Baseline Survey on the KAP of Adolescents and Adults on RH	High school students	639	11-20	Baguio City	Survey	2001
	Consolidation and Analysis of Adolescent Sex and Reproductive Health	Adolescents, Parents	92		Davao City	FGDs	2001
	Love and Desire: Young Filipinos and Sexual Risks	Young adults		16-24	Manila and Iloilo	participant observation, interviews	2001
	The Participatory Planning Process: Research Utilization and Plan Formulation for Adolescent Reproductive Health in Southern Leyte	Adolescents	364	13-17	Southern Leyte	FGDs and survey	2001
	Adolescent reproductive Health and Family Planning Practices in La Carlota City and La Castellaña	Adolescents, parents, gatekeepers, health providers	1350	12-24	La Carlota City and La Castellaña	survey and KIs	2001
	Adolescent Reproductive Health care Programmes and Services in Iloilo City's Public Health System: Stakeholders' Concepts, Perceptions and Recommendations	Adolescents, parents, teachers, religious leaders, health service providers		15-24	Iloilo City	FGDs and KIs	2002

2. Scope of ARH literature and programmes

The literatures and programs reviewed include 42 published international, national and local researches employing either quantitative or qualitative methodology, or a combination of the two. The remaining 50 published literatures include organizational reports and IEC materials such as primers, brochures, modules, resource books and newsletters. The study type, content, number of papers and geographical sites are summarized in Table 1. There are also 51 unpublished studies/papers on

ARH, and most of them are local researches. Most research funds came from international agencies, as indicated in Table 2. Some of the projects addressing ARH at the national and local levels are presented in Table 3, but further details of 76 programmes/projects are contained in Annex 2. Relevant national and local policies related to ARH are described in Table 4, and further details of these are presented in Annex 3.

Table 2. Published studies/papers on ARH since 1995

Study Type	Content	Number Of Studies	Study/ Geographical Sites
Quantitative (survey, cross sectional study, representative survey, intervention study)	KAP on sexual & RH, incidence of STI/HIV/AIDS, awareness & knowledge of STI/HIV/AIDS; data on contraceptive use; socio-demographic profile; needs & problems of adolescents & youth; pregnancy; education & service interventions; violence; substance abuse; abortion. The subjects are high school & college students, out-of-school youth, parents and service providers.	15	Regions I-XII, ARMM, CAR, Metro Manila, Metro Davao, Marawi City, Bicol, and Cebu City
Qualitative (FGD, Participatory Rapid Appraisal, case study, in-depth interviews, life histories, documentary review)	Sexual maturation; menstruation; gender & gender roles; attitudes toward sexual activities; perceptions of pregnancy; relationships; sexual behaviour; policy & programme responses; advocacy & IEC strategies; abuse, battering & prostitution.	15	Bacolod, Iloilo, Metro Manila, Zambales, Marawi City & Albay

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Table 2 (Continued). Published studies/papers on ARH since 1995

Study Type	Content	Number Of Studies	Study/ Geographical Sites
Combination of quantitative and qualitative studies	Abortion; health services; sexuality; sex education; STI, HIV/AIDS; courtship; marriage; domestic violence; incest; teenage pregnancy; pre-marital sex (PMS); contraceptives; reproductive health status	12	Nationwide
Organizational reports, fact sheets, orientation papers, modules, primers, brochures, articles	Sexual initiation; commercial sex; KAP of young workers; youth-friendly services; religion; background information on the youth; directional plan; programme for action; domestic violence	50	Nationwide

Table 3. Published studies and funding source since 1995

Funding Source	Title	Related Information	Principal Investigator/ Institutional Affiliation	Year Published
UNFPA	Working Youth's RH Knowledge, Attitudes & Behaviour: Implications for Workplace-Based Interventions	Youth profile, knowledge & attitudes on sexual & RH, love relationships, dating, sexual & non-sexual behaviour	Trade Union Congress of the Philippines (TUCP)	2003
	Sex and Sexuality	Sexuality & related concepts, young adults' definitions of love & views on courtships	Health Action Information Network (HAIN)	1998
	Adolescent Sexuality in the Philippines	Youth profile, data on dating, PMS, contraceptive use, substance use	University of the Philippines Population Institute (UPPI)	1999
	1994 Young Adult Fertility Survey (YAFS II)	Socio-economic background of adolescents, demographic & socio-economic characteristics, residential history, dating, marriage, sex, contraception, pregnancy, childbearing, HIV	University of the Philippines Population Institute (UPPI)	1996
	Working Youth's RH Knowledge, Attitudes & Behaviour: Implications for Workplace-Based Interventions	Youth profile, knowledge & attitudes on sexual & RH, love relationships, dating, sexual & non-sexual behaviour	Trade Union Congress of the Philippines (TUCP)	2003

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Funding Source	Title	Related Information	Principal Investigator/ Institutional Affiliation	Year Published
University Center for Women's Studies (UCWS, UP) & Philippine Center for Population & Development	Filipino Adolescents in Changing Times	Literature on the psychology & culture of adolescent life; results of key informant interviews (KIIs) on adolescents views on sexuality, sex and experiences	UP- Center for Investigative & Development Studies (UP-CIDS)	2003
Philippine National AIDS Council (PNAC) & UNAIDS-Philippines	HIV/AIDS Country Profile, Philippines 2002	HIV/AIDS situation in the Philippines, includes statistics on adolescents/youth	HAIN	2002
National Statistics Office (NSO)	2000 Family Planning Survey	Data on contraceptive use & family planning services	NSO	2000
	Baguio City: Highlights of the 1995 Census of Population	Socio-demographic profile of Baguio City including youth & adolescents	NSO	1995
	Cebu City: Highlights of the 1995 Census of Population	Socio-demographic profile of Cebu City	NSO	1995
Ford Foundation	Love in the Time of Ina Morata	Views on love, marriage, gender, sexuality, romance from the point of view of those who married at a young age.	UCWS, UP	2001
	Body & Soul: Questions for Tomorrow's Women	Information on adolescent sexuality, teenage pregnancy, PMS & views on abortion.	Women's Feature Service, Inc., Philippines (WFS)	2000
	M'ranao Youth: Views on RH & Sexuality	RH situation of M'ranao youth & adolescents, practices on courtship & marriage, domestic violence & incest.	Al Mujadillah Development Foundation	2000
	Unsafe Abortion in the Philippines: A Threat to Public Health	Profile of women with abortion experience, RH status of these women, level of abortion & consequences.	UPPI	2001

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Table 3 (Continued). Published studies and funding source since 1995

Funding Source	Title	Related Information	Principal Investigator/ Institutional Affiliation	Year Published
David & Lucile Packard Foundation	Adult Fertility & Sexuality Study (YAFS III 2002) preliminary findings	Socio-economic background of adolescents, demographic & socio-economic characteristics & residential history, dating, marriage, sexuality, contraception, pregnancy, childbearing & HIV. A nationwide survey conducted in 14 regions.	UPPI	Preliminary findings 2003
David & Lucile Packard Foundation	Abortion in the Philippines: Being Illegal Does Not Make it Rare	Abortion estimates, link between unwanted pregnancy, contraceptive use & abortion, policy implication	UPPI	2001
POPCOM V	Women and Men in Bicol	Data on population & families, work, economic participation, education, health & family planning	National Statistical Coordination Board (NSCB)	2000
National Youth Commission (NYC)	SWS-NYC Study on the Situation of Youth in the Philippines	Characteristics, attitudes, values, needs & aspirations	Social Weather Station (SWS)	1996
	Situation of the Youth in the Philippines	Background information on the youth, major problems, major programmes & policies, gaps, challenges & recommendations	NYC	1998
United Nations Foundation	Facts about Adolescents from the Demographic Survey: Statistical Tables for Programme Planning, Philippines 1998	Urban-rural residence & population distribution, educational enrolment & attainment, marital status & sexuality, childbearing, work status, awareness & use of contraceptives	Population Council Inc.	2002
UNICEF Manila	Arrested Development: The Level of Discernment of Out-of-School Children & Youth	Level of discernment & moral development of 300 out-of-school youth & children aged 7 to 18	Philippine Action for Youth Offenders (PAYO)	2002

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Funding Source	Title	Related Information	Principal Investigator/ Institutional Affiliation	Year Published
WHO's Global Programme on AIDS (UNAIDS)	Pagnanasa, Pagmamahal: Contextual Factors Affecting Risk-related Behaviour Among Young Adults in the Philippines	Genders & gender roles, definitions & attitude toward sexual activities, perceptions of pregnancy, relationships & sex	HAIN	1996
NSCB	Functional Literacy, Education & Mass Media Survey (FLEMMS)	Education indicators among youth	NSCB	2000
UNESCO Regional Clearing House on Popn. Educ & Communicatn	Communication & Advocacy Strategies on ARH & Sexual Health in the Philippines	Demographic profile, fertility, teen pregnancies, sexual behaviour, STI, contraception, policy & programme response	Department of Sociology, University of the Philippines	1999
Children & Youth Foundation of the Philippines	A Profile of Child & Woman Abuse in the Province of Albay, 1994-1999	Physical & sexual abuse among children & adolescents	Social Action Center-Diocese of Legaspi City	2000
Italian Cooperation for Development	Trust & Power: Child Abuse in the Eyes of the Child & the Parent	Abuse on children & adolescents	UP-CIDS-PST	2001
Save the Children- UK	Integrating Child-Centered Approaches in Children's Work	Adolescence, adolescent sexuality, deviance & peers	UP-CIDS-PST	2002
	Working with Abused Children: From the Lenses of Resilience & Contextualization	Abuse, resilience & responding to challenges	UP-CIDS-PST	2001

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Table 4. Selected ARH projects since 1995

Project Title	Component Intervention	Sites	Funding Source	Implementing Agency
Youth in Action for RH & Rights	Educational	Davao City	David & Lucile Packard Foundation	Development of People's Foundation (DPF)
Youth Zone	Educational & Service	Manila & Cebu	David & Lucile Packard Foundation	Remedios Aids Foundation, Inc. (RAF)
Developing & Mobilizing Peer Educators for ARH	Educational	Baguio City	UNFPA	Baguio Center for Young Adults, Inc. (BCYA)
SMU-ARH/VAW Programme	Educational & service	Nueva Vizcaya	UNFPA, Provincial Government & Regional Population Office	St. Mary's University (SMU)
Adolescent Health & Youth Development Programme (AHYDP)	Educational	Nationwide	UNFPA	POPCOM
Adolescent & Youth Health & Development Programme (AYHDP)	Educational & Service	Nationwide	Dept. of Health	Dept. of Health
Entertainment for Education Programmes (Enter-Educate)	Educational	Metro Manila	David & Lucile Packard Foundation, John Hopkins University & Program for Appropriate Technology (PATH)	Foundation for Adolescent Development (FAD)
Frenzy Mobile Outreach Team (FMOT)	Educational & service	Metro Manila	David & Lucile Packard Foundation	DKT Philippines, Inc.
Women & Children Protection Unit	Educational & service	Davao City	Dept. of Health, UNICEF, British Embassy & ALAKBAY Foundation, Inc.	Davao Medical Center, Dept. of Health
Adolescent Fertility Management Programme	Educational & service	Baguio City	AUSAID, UNFPA & Dept. of Health	BCYA

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Project Title	Component Intervention	Sites	Funding Source	Implementing Agency
Adolescent Programmes on HIV/AIDS Prevention	Educational	Baguio City	Philippine HIV/AIDS NGO Support Programme	BCYA
New Horizon's Drop-In Center for Street Children	Educational & service	Baguio City	President Social Fund	BCYA
Multi-Service Youth Center	Service	Baguio City	POPCOM, Population Center Foundation	BCYA
Youth Empowerment to Serve & Grow with Others	Educational	Baguio City	Levis Strauss, Children & Youth Foundation of the Philippines	BCYA
Family Planning/Family Welfare Programme	Educational & service	Nationwide	UNFPA	TUCP
Youth Sexual & RH	Educational	Nationwide	UNFPA	TUCP
Revitalized Guidance Programme	Educational	Nationwide	UNFPA	Department of Education & PCPD
Family Planning/RH Programme	Service	Nationwide	GOP, USAID, UNFPA, JICA, UNICEF	POPCOM
Teen Circle & Teen Horizon	Educational & service	La Carlota City & Municipality of La Castellana	David & Lucile Packard Foundation	Kabalaka Development Foundation, Inc. (KDFI)

Table 5. Relevant ARH policies

Title	Subject	Date
Administrative Order 34-A or Adolescent & Youth Health Policy	Promotion of the total health, well-being & self-esteem of adolescents & youth by promoting a safe & supportive environment, providing information, building skills & providing services.	2000
Proclamation No. 603/the Child Youth & Welfare Code	Rules & regulations on the apprehension, investigation, prosecution & rehabilitation of youth offenders.	10 December 1974
R.A. No. 7610/Special Protection of Children Against Child Abuse, Exploitation & Discrimination Act	Provides for stronger deterrence & special protection against child abuse, exploitation & discrimination, providing penalties for its violation, & for other purposes.	17 June 1992

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Table 5 (Continued). Relevant ARH policies

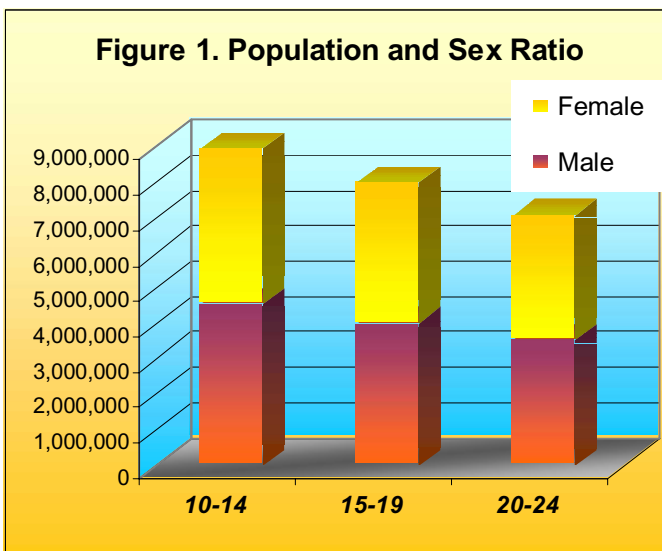
Title	Subject	Date
R.A. No. 7658	An Act prohibiting the employment of children below 15 years of age in public & private undertakings.	9 November 1994
Executive Order No. 307/Implementing of Family Planning Programme at the Local Government Level	Ensuring availability of FP information & services, including NFP, at appropriate levels adhering to standard of quality care promulgated by the national programme.	28 February 1996
Administrative Order No. 43/Reproductive Health Policy	Broadening of population policies & programmes beyond FP & a much closer collaboration among development agencies as the primary mechanism to attain the reproductive health approach objective.	15 January 1998
R.A. No. 8044/An Act Creating the National Youth Commission	Establishment of a national comprehensive programme on youth development, appropriation of funds & other purposes.	1994
R.A. No. 6365/Population Act of 1971	Population policies	1972
R.A. No. 8353	Anti-rape law	1997
R.A. No. 8505	Rape Victim Assistance & Protection Act	1998
Administrative Order 1-A	Philippine Reproductive Health Program & adopted the ten service elements of RH	1998
R.A. No. 8504	Philippine AIDS Prevention & Control Act	1998
R.A. No. 7877	Anti-Sexual Harassment Act of 1995, a special law that names, defines & penalizes sexual harassment in the workplace, education or training environment.	
R. A. 8369	Family Courts Act of 1997 mandating the creation of family courts, & assigns to these courts the hearing & resolution of domestic violence cases against women & children including adolescents, using applicable laws.	1997
City Ordinance 1933	Anti-Domestic Violence Ordinance of Cebu City which is the first local measure in the Philippines that penalizes perpetrators of domestic violence & provides protection to victims.	2002
Executive Order No. 24/Women & Development Code of Davao City	Allocation of 30% from ODA & 6% from local funds to women & gender-sensitive projects & formulation of gender-sensitive programmes including ARH.	1998

3. Status of adolescents' reproductive health

3.1 Demographic characteristics

The Philippines has a total population of 76.5 million (National Statistics Office (NSO) 2000). Its average annual growth rate is 2.36%, making it one of the fastest growing populations in the Western Pacific Region. Of this population, 23% is between the ages of 10 and 19 and 20% are between 15 and 24. The high fertility rate in the past has created a young age structure with the median age at 21 years. As pointed out by Xenos and Raymundo (1999), the Philippines is in the midst of a "youth bulge," a transitory but important demographic expansion.

Adolescents aged 15 to 19 years old are more likely to live in urban areas than those ages 10 to 14 years, and this trend is more pronounced among girls than among boys (NSO 2002). As to their educational attainment, 75% of 15 to 24 year-olds reached at least the high school level in 1994. This number increased to 85% in 2002 (Raymundo 2002). A survey conducted by the Social Weather Station (SWS) and the National Youth Commission (NYC) in 1997 indicated that six out of 10 Filipino youth reached or finished high school or vocational training. According to the same survey, 24% had some college education and 16% had at most elementary education.



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It was noted that young females have consistently shown better educational attainment than young males (NYC 1998).

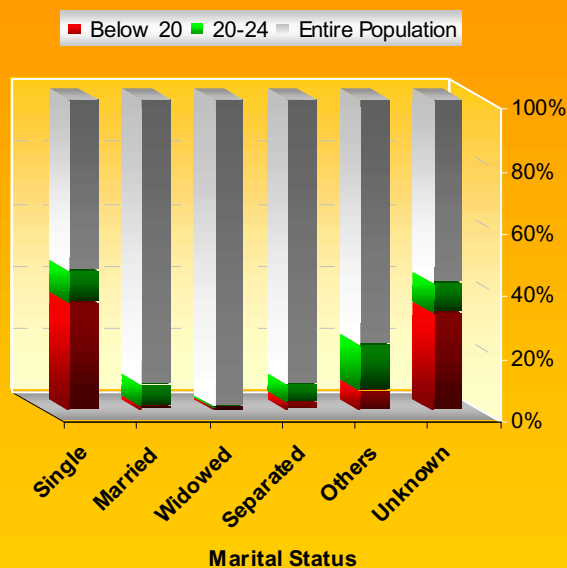
The YAFS II (1994) reported that 32% of the elementary-educated females were already mothers. By contrast, only 13% of college-educated females aged 15 to 24 were mothers (NSO and Macro International 1994; cited in Varga 2003). The YAFS II pointed out that more than one-quarter of all women began childbearing by age 20 (Balk and Raymundo in Cabigon 1999).

More than half of the female population

belongs to the reproductive age group. Out of the 38 million females in the Philippines, the total population of women of childbearing ages (15 to 49 years) is 19.4 million or 51.04%. National data also show that more than one third or 36% of young women conceive before marriage (State of the Philippine Population Report 2000, POPCOM).

According to the Family Code or Related Provisions of Executive Order 209, men and women can marry when they reach the age of 18; however, even when parties between 18 and 21 years old can legally marry, they still need to secure parental consent

Figure 2. Marital Status of Adolescents [2000]



(Pangalangan 1995). The average marrying age is 23.9 for males and 21.6 for females (Perez et.al. 1995). The SWS-NYC survey revealed that about six out of 10 Filipino youth are single and about one third are married. A small proportion, 2%, claimed that they were living with a partner (Sandoval 2000).

Based on a 1998 NYC report, about 12 million youth were either employed or actively looking for employment (POPCOM 2002). In 1995, 60% of males aged 20 to 24 were in the labor force and 40% of young females were working. While data show that more men were employed, "these figures represent an 18% decline among males between 1970 and 1995 and 33% increase among the females" (Xenos and Raymundo 1999).

3.2 Growth and development

3.2.1 Nutrition

Based on the 2000 study of the Food and Nutrition Research Institute, Department of Science and Technology (FNRI-DOST), 33 out of every 100 adolescents among the 11 to 19 age group were underweight and 24 were underweight for their height (***Talkpoint, 15 June 2002***).

Because of poverty and malnutrition, the Philippines ranks fifteenth on the list of countries that have high rates of stunted children, which is considered to be three out of 10 children (UNICEF as cited in *Talkpoint*, 15 June 2002). "Both male and female adolescents have high iron requirements because of developing muscle mass during adolescent growth and, in females, iron loss during menstruation (*Talkpoint*, 15 June 2002)."

3.2.2 Menarche

Menarche refers to the onset of menstruation, which signifies a girl's transition to another stage of the life cycle. It carries with it greater responsibility. It signals the female body's reproductive capacity and predisposes the individual to be sexually receptive (Perez n.d.). Data from YAFS II (1994) revealed a slight decline in the number of young women who menstruated before age 13, compared to the number recorded in 1982. The mean age of menarche in the Philippines, however, has not changed much (13.32 in 1994 to 13.44 in 1995) (Diaz in Ogena 1999). In 1994, about 70% of young Filipino women between ages 13 and 19 became physiologically mature for reproduction (Ogena 1999).

Reduced age of menarche appears related to early sexual activity. The age of menarche estimated from YAFS I (1982) was 13.3, which was two and a half years less than the estimate in 1948 (16.2 years). This change has been attributed to improvements in food technology. One study suggests that the earlier the onset of menarche, the younger a woman may be at the age of marriage and the age of first pregnancy (Liboro n.d.).

3.2.3 Fertility

The total fertility rate (TFR) in the Philippines gradually declined from 5.97 in 1970 to 3.73 in 1996. Despite this reduction in TFR, young adult mothers' particular contribution to the TFR has increased from about 27% in 1980 to 30% in 1996. Moreover, statistics show that young women below 20 years old accounted for 36.3% of the total births in the country in 1989 and 35.1% in 1992 (Diaz in Ogena 1999).

3.2.4 Sexual experiences

Homosexuality. Many people in Philippine society still find it difficult to accept male and female homosexuals. Homosexuality in adolescence has been classified under "identity disorder" (Ladrigo-Ignacio in Ogena 1999). Even with negative connotations, homosexual activity continues among Filipino youth.

Data from the YAFS II (1994) showed that 5.1% of the male and 1.8% of the female respondents reported being involved in homosexual activity. However, actual homosexual activity was still low compared to homosexual attraction (Padilla in Ogena 1999). More females than males admitted to same-sex attraction (13.6% of single females and 10.8% of married females compared to 6.2% of single males and 5.5% of married males).

A 1997 SWS-NYC survey reinforced this observation. Based on the results, 5.7% of youth aged 15 to 30 or an estimated 1.2 million people claimed to have experienced homosexual relations, with more males involved in homosexual relations than females (Sandoval 2000). Rural areas had higher levels of homosexuality than urban areas. In less urbanized areas, 10.3% experienced homosexual attraction and 5% were involved in actual homosexual sex. By contrast, only 9.7% experienced same-sex attraction and 2.5% engaged in homosexual sex in urban areas (Ogena 1999). YAFS III (2002) reported that 5% of sexually active boys had sex with boys and less than 1% of females had sex with other females.

Based on these studies, it can be surmised that since the mid-1990s,

young male adolescents have had a higher rate of homosexual activities than young female adolescents.

Sexual debut. As early as 1981, studies indicated that adolescents were experiencing their sexual or coital debut at a younger age. A 1981 study among female senior college students revealed that almost all of the girls lost their virginity before age 21 (Rimando in Perez n.d.).

The YAFS I (1982) found that the median age of first premarital sex (PMS) was about 18 years for young women and 21 years for her male partner. Nine of every 10 girls had their first PMS with their boyfriends or fiancés, suggesting that PMS is likely to occur for the first time within committed relationships that may eventually lead to marriage. Among females, about 21% said they had serious relationships or intimate relationships, while 38.6% of males said the same (Xenos, Raymundo and Berja in Cabigon 1999). A popular venue for the first sexual encounter was the respondent's home or his/her partner's home (Ogena 1999).

Similar results were found by the YAFS II (1994). The average age of sexual debut of boys and girls was 18. As with the previous findings, the home was where most females had their initial sex

encounter with their boyfriends. However, unlike the previous survey, the YAFS II (1994) observed that the first sexual encounter of most male respondents took place in motels with persons they had no romantic attachment to.

The majority of those who had PMS said the first sexual encounter was a spontaneous event. Among the respondents, 55% said that it was something they did not plan, but they went along with it while 43% said that it was something that they wanted to happen at that time (YAFS III 2002).

Sexual debut among adolescents, therefore, takes place between the ages of 18 to 21. Females have sex with boyfriends or fiancés, while males are more inclined to have sex with someone they are not romantically involved with. The sexual encounter often happens in homes, although a segment of the young male population opts for motels. Also, sexual debuts are mostly spontaneous or unplanned events.

Premarital and early sex. Based on a number of studies, the number of young adults engaging in PMS has steadily increased. YAFS I (1982) reported that about 12% of young female adults had engaged in premarital sex. YAFS II (1994) noted that the

number of adolescents aged 15 to 24, including males, who had PMS was 18% or 2.2 million. YAFS II also noted that the “premarital sexual experience among Filipino youth indicates that generally once one gets initiated to PMS, a ‘repeat’ either with the same partner or with another is more likely.”

The SWS-NYC survey found in 1996 that 13% (2.7 million youths aged 15 to 30) of Filipino youths have engaged in PMS. In 1997, the number rose to 17% (3.6 million youths aged 15 to 30) (Sandoval 2000:3). Based on the 1996 survey, about 1.5 million of the 15 to 24 age group had PMS. The estimate in 1997 was 2.3 million. In 2001, POPCOM, in its State of the Philippine Population Report 2000, also reported that about 1.8 million Filipino males and 670 000 females aged 15 to 24 were sexually active.

The YAFS II (1994) found that while 18% of 15 to 24 year-olds in 1994 had experienced PMS, the corresponding figure for 2002 was 23%. This increase indicated that engaging in sex before marriage is becoming more common among young Filipinos.

It was also observed that marital status is significantly associated with PMS. “The percentage of those reporting

premarital sex experience is 12.4% among single youth compared to a higher 23.9% among ever-married youth, indicating that somehow, PMS experience initiates or accelerates the process of marriage” (Xenos, Raymundo and Lusterio in Sandoval 2000).

There is evidence that the PMS among the youth increases with age. A study conducted by McCann-Erickson in 2000 found that: 5% of 13 to 15 year-olds had PMS; 18% of 16 to 18 year-olds had PMS; and 33% of 19 to 21 year-olds had PMS. The results of the SWS-NYC survey in 1996 and

Table 6. Premarital sex (PMS) among youth, YAFS III, 2002

Age Group	% of PMS Prevalence
15-19	12
20-24	40
25-27	47

1997 were similar (Sandoval 2000). The YAFS III (2002) findings indicated that 12% of 15 to 19 year olds were sexually active, 40% of 20 to 24 year olds were sexually active, and 47% of 25 to 27 year olds were.

A gender differential is also noticeable. More males (25%) are engaging in PMS than females (11%) (McCann-Erickson 2000). Before the YAFS III (2002), 22% of the boys and 8% of the girls

had had sex at age 18 while 45% of the boys and 18% of the girls had had sex at age 21 (Cabigon 1999). In 2002, the YAFS III showed that young men consistently had more PMS (35%) than women did (19%). However, the 2002 finding showed that the women's level of PMS was catching up with that of the men's. In 1994, young men's PMS prevalence was 25% while that of young women was 11%.

It is more likely that urban adolescents will engage in PMS than their rural counterparts will. The likelihood in urban areas was 23.1% and in rural areas it was 10.7% (Sandoval 2000). In 2000, Mindanao had the highest rate of PMS (24%), followed by the National Capital Region (NCR) (21%), Visayas (18%) and Luzon (14%). Another survey reported that the incidence of sexual intercourse in Metro Manila decreased from 32% in 1992 to only 21% in 2000 (McCann-Erickson 2000). Findings of the YAFS III (2002), on the other hand, revealed that young adults from the NCR and Eastern Visayas posted the highest percentage of PMS experience (35%). Less PMS activity was found among young people from the regions of Western Mindanao (19%), Cagayan Valley (16%), and Autonomous Region of Muslim Mindanao (ARMM) (12%).

Those belonging to Class C or middle

class social status showed the highest rate of PMS (30%), followed by class AB or upper class (25%) and Class D or lower class (17%). Adolescents with higher education tended to engage in PMS more or report actual experience (McCann-Erickson 2000; Sandoval 2000).

In sum, various studies have showed an increase in the number of youths engaging in PMS. The percentage of sexually active young adults increases with age. Males are more likely to engage in PMS. Also, those living in urban areas report higher levels of PMS compared to those in rural areas. Data also indicated that PMS initiates or accelerates the process of marriage. A look at social status and educational attainment showed that Class C had the highest rate of PMS and those with more education tended to report higher levels of PMS.

Despite the data, the perception is that "Filipino young adults are quite conservative in terms of prevalence and the timing of their first sex act compared to Western standards," when compared to the PMS prevalence data for unmarried Americans (Ogena 1999). In fact, a UPPI press statement on this subject stated that "the premarital sex behaviour of young Filipinos can still be considered conservative when

compared to the levels found in developed countries and some other countries in the Asian region" (Raymundo 2002).

Experience with multiple sex partners. "While the majority of sexually active young Filipinos stick to one sexual partner, data show that an estimated 34% have multiple sex partners. This represents about 1.6 million of the country's 15 to 27 year-old population. More than half of males engaging in PMS reported having more than one partner. The comparative levels for females was only 9%" (YAFS III 2002).

Dating as venue for sexual activity. Studies conducted in the late 1960s and 1970s showed that dating was becoming a venue for sexually-related activities. For instance, "a much earlier study by Abanes (1969) on the dating habits of boys in two big Manila universities reported that sexual intimacies form part of the males' expectation from dating." This showed that adolescents engaged in sexual activities other than intercourse (Perez n.d.).

Another study in 1977 revealed that "common forms of intimacies such as kissing, necking or petting are expected in dates, which make modern day dating among the young a source of sexual

gratification." In this study, of the 2117 dating adolescents from nine major ethnic groups, the majority stated that dating was not just a socializing experience, but rather an erotic one. Nearly one-third had oral, breast, and genital stimulation, most often done in movie houses. And in a study of 5350 adolescent students from nine ethnic groups, about 5% of dating females and 17% of dating males admitted having gone as far as sexual intercourse with their dates (CYRC (1977) as cited in Perez n.d.).

Similarly, YAFS II (1994) findings suggested that 9.7% of respondents engaged in sexual intimacies and 2.9% "go all the way" on their first date. And "as dating became a more regular activity among the youth, intimacies heightened. This resulted in an increase in the corresponding proportions of the youth engaging in petting and sexual intercourse, 16.3% and 8.1%, respectively" (De Guzman in Ogena 1999). McCann-Erickson (2000) found that the average age for a youth to go on a one-on-one date was 15.7 for males and 16.4 for females.

3.2.5 Marriage

Although one out of five Filipinos is married by age 19, the rate of teen marriage appears to have declined slightly from a decade earlier (Balk and

Raymundo in Cabigon 1999). The Alan Guttmacher Institute (AGI 2000) reported that based on the 1998 National Demographic Survey (NDS) more than one in four young women entered their first marriage before age 20. Over half of less-educated women do so. Poorer and rural women also marry at younger ages (Balk and Raymundo in Ogena 1999). Close to half of young women in the Eastern Visayas, Central Mindanao and ARMM also marry before age 20. Most married youths say that they began their unions either by living-in or by eloping, both of which are considered a premarital period (Cabigon 1999).

Data show that "contemporary Filipino youth are marrying later than their earlier counterparts" (De Guzman in Ogena 1999). The number of years spent as a single person has increased from 24.8 years in 1980 to 26.6 years in 1995 among males. Among females, it has also increased from 22.4 to 24.1 during the same period. Males have married later than females by an average of 2.5 years. This gap is attributed to the differences in gender roles and expectations associated with marriage (Ogena 1999).

One researcher observed that "today, fewer women marry in their teens compared to a generation ago, whether

they reside in the rural or urban areas or in any of the major islands of the country. Among the less educated ones, however, there is no difference between present and older generations" (Cabigon 1999). While less-educated women marry earlier and have more children by age 25, better-educated women marry later but tend to catch up in terms of number of children with shorter birth intervals" (State of the Philippine Population Report 2000, POPCOM).

3.2.6 Contraceptive use

Contraceptive use is low among sexually active adolescents. In the 1993 McCann-Erickson study, only 49% of the youth use protection when having sex. Condoms are used most often (29%), followed by the pill (11%), and then other devices (4%). In 1994, YAFS II revealed that of the 2.5 million Filipinos aged 15 to 24 who engage in PMS, 74% or about 1.8 million do not use any method to prevent pregnancy, and majority of this number, 1.67 million, are unwilling and unprepared to become parents.

The 1998 NDS also shows that contraceptive use, especially of modern methods, is low among Philippine teenagers regardless of their residence, education and region (AGI in Cabigon 1999). About two out of five sexually active adolescent women have an unmet

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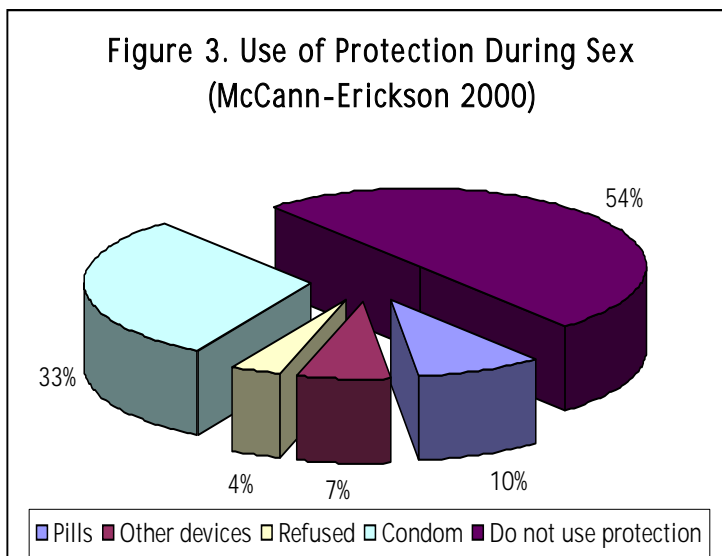
need for contraception regardless of their residence, education or region (Cabigon 1999).

According to the State of the Philippine Population Report 2000, "many adolescents engage in premarital sex without adequate knowledge of means of avoiding pregnancy and STI." The report cited that among sexually active adolescents, 74% do not use any form of contraception. Also, 78% of sexually active male adolescents have never used a condom (POPCOM 2001).

McCann-Erickson (2000) noted that among those who have had sexual intercourse, over half (54%) do not use any contraceptives during sex. For those who use some form of contraceptive, condoms (33%) are the most popular

followed by pills (10%) and others (7%). About 4% refused to use any contraceptive method.

Contraceptive use has changed little recently, as seen in the findings of the YAFS III (2002) study. The study confirmed previous observations that most sexually active young people are not aware of safe sex practices. Only 19% of the respondents used any contraception to protect themselves against the risk of pregnancy or STI the first time they had sex. Contraceptive use is higher among boys than among girls. Young boys are more inclined to use a contraceptive method during their first encounter than subsequent ones. Girls are likely to be unprotected the first time, but are more careful in succeeding sexual contacts. As indicated in the



YAFS III (2002) results, 62% of women reported that they did not use any contraception during their first sexual experience, while 25% of the males reported the same.

Notably, non-use of contraceptives was highest among the younger ages (15 to 19) at 24%. Among the 25 to 27 year olds, only 14% reported using any type of contraception during their first premarital sex experience. This may be because the majority of first sexual experiences were spontaneous but succeeding sexual episodes were also unprotected. As shown in the YAFS III (2002), the majority of the most recent sex episodes for women (70%) and men (68%) were not protected. Only about a third of young adults who had never married and had PMS used contraception during their sexual initiation. This was higher than the contraceptive use practice of all categories of youths who are in union (e.g. 12% among currently married and 11% among those in living-in). In terms of methods commonly used, 40% relied on withdrawal, 26% used condoms, and 13% used pills (YAFS III 2002).

In sum, contraceptive use is low among the Filipino youth. It is common for PMS experiences to be unprotected. Condoms, pills and withdrawal are the most commonly used contraceptive

methods. Young women are likely to be unprotected the first time they have sex, but are more likely to use contraception in succeeding sexual experiences; the reverse is true among males. Non-use of contraceptives was found to be highest among younger ages.

3.2.7 Early pregnancy

In terms of teenage pregnancies, Dr. Aurora Perez, Associate Professor at the UP Population Institute, stated that "a most dramatic change in contemporary Philippine social conditions is the earlier initiation of sexual activity which without guiding knowledge can in turn lead to accidental or unplanned or even unwanted teenage pregnancies" (Perez n.d.). Twenty percent of births to married women in 1973, for instance, were premaritally conceived (Zablan in Perez n.d.). In 1977, 39% of births to respondents of a KAP survey in Metro Manila were to women aged 15 to 24, and over half (54.6%) of illegitimate births were to women in the same age group (Mataragnon in Perez n.d.).

In 1985, data from the Philippine Health Statistics show that 8.6% of total live births (1 437 154) were to younger Filipino women. Many of these births (6.7%) were to women aged 15 to 19 (Perez n.d.). Between 1984 and 1988, 80% of young mothers belonged

to the 17 to 18-year-old age bracket. Of this, 60% were single and 40% married (Liboro n.d.).

The YAFS II (1994) found that more than one-quarter of all women had begun childbearing by age 20 (Balk and Raymundo in Cabigon 1999). The 1998 NDS reported that 20% of females were married by age 19 and nearly 60% were married by age 24. National data also showed that more than one third or 36% of young women conceived before marriage (POPCOM 2000).

There is a clear relationship between education and pregnancy. In a study conducted by the AGI (2000), findings showed that two out of every 10 young women gave birth before age 20. Among less-educated women, that number increased to four out of 10. Less-educated women were more likely to become pregnant during their teen years than their better-educated counterparts (Cabigon 1999). Out-of-school youth, estimated to be 5.5 million and mostly concentrated in urban areas, faced a higher risk of teenage pregnancy (State of the Philippine Population Report 2000).

Rural women start childbearing at younger ages than urban women do (Balk and Raymundo in Cabigon 1999;

POPCOM 2000). Compared with their urban counterparts, rural teenagers are twice as likely to become pregnant (11% versus 5%). Also, less-urbanized regions of ARMM, Western Mindanao and Eastern Visayas have the highest percentage of teenage mothers, while Metro Manila has the lowest (POPCOM 2000).

Early pregnancy is disturbing because of the health problems associated with it. "One of the major reasons why girls aged 15 to 19 die isn't drugs, alcohol, or drunk driving, but complications related to pregnancy. Filipino teenage mothers account for 20% of all maternal deaths in the country and 17% of fetal deaths are attributed to teenage mothers" (Tripon 2000).

The adolescent female reproductive system may not be fully developed and able to withstand birthing, which may result in a rupture and other health complications. Another problem associated with early pregnancy is having a breech birth, which is twice as frequent among teenagers as among the general population (Liboro n.d.). Also, four months postpartum, half of all 15 to 24 year old mothers resume menstruation, making them at risk of becoming pregnant again (Balk and Raymundo in Ogena 1999).

3.2.8 Abortion

Abortion is illegal in the Philippines, but that does not stop it or discussions about it. In fact, the incidence of abortion is increasing. It is estimated that about 400 000 abortions are performed every year (TUCP 2003). In a study of hospital cases of abortion complications, 36% involve young women (15 to 24 years old). Moreover, 17% of women in the reproductive ages of 15 to 44 in Metro Manila have had at least one abortion. Metro Manila currently has the highest abortion rate and ratio in the country. Complications from abortion are one of the leading causes of admission to government hospitals (Philippine Population Research for Policy Initiatives, Series 2001).

3.2.9 STI, Reproductive Tract Infections (RTI), HIV/AIDS

According to the Health Action Information Network (HAIN) in its HIV/AIDS Philippine Country Profile 2002, the Philippines has a relatively low prevalence rate of STI and less than 1% of adults are infected with HIV. Compared to other countries, such as Zimbabwe, which has an adult infection rate of 33.7%, the Philippines has a low rate. HAIN added that the HIV/AIDS epidemic in the Philippines has been described by public health experts as

'low and slow,' with estimates of 13 000 infected Filipinos. As of December 2002, the cumulative number of reported HIV cases was 1796. Of these infections, 1210 were asymptomatic and 586 were AIDS cases. Data from the National HIV Sentinel Surveillance (NHSS) showed that 85% of reported infections were acquired through sexual contact and the highest HIV infection rates were found in people aged 20 to 49 years old. Also, the HIV/AIDS registry shows that most cases of HIV infection among females happened at a younger age compared to males. About 47% of infected females are between 20 to 29 years of age and about 38% of infections in males occurred between 30 to 39 years.

Five groups in the country have been identified as most susceptible to HIV: women, young adults, men who have sex with men, sex workers and overseas Filipino workers (HAIN 2002). A 1999 study on STI/RTI found that the prevalence rates of gonorrhoea and chlamydia are higher among younger people. Young people are also at risk of serious complications from STI. Infection rates among the youth, especially among young men, indicate high-risk sexual behaviour and poor reproductive and sexual health awareness (HAIN 2002).

3.2.10 Related issues

Prostitution/commercial sex.

Among Filipino youth, 4.6% (estimated one million) have paid for sex and 3.1% (0.7 million) had been paid for sex. Those living in urban areas reported higher levels of paying for sex (6.6% versus 2.6%) than those in rural areas. Being paid for sex, however, does not vary significantly according to urban or rural residence (SWS-NYC 1997). Paying for sex tended to be higher in NCR than elsewhere. However, relatively few NCR residents reported being paid for sex. More males reported paying for sex and being paid for sex than females, indicating that males are more involved in commercial sex than females are. Those with lower education reported higher incidence of being paid for sex than those with higher education (Sandoval 2000).

Similarly, the findings of YAFS III (2002) found that among sexually active males, 20% have paid for sex and 12% have accepted payment for sex. Also, among the sexually active, more boys are involved in commercial sex practices. Among the girls, 1% reported having paid or been paid for a sexual favor.

It is of concern that 60% of 78% of sexually active male adolescents who had never used a condom also admitted to

having commercial sex (POPCOM 2000). Among those with commercial sex experiences, 30.6% had used a condom and only one-third of the males and a much smaller proportion of females (5.3%) reported using a condom (YAFS III 2002).

Experience with abuse and violence.

About 10% of the females who had PMS said that their first sexual experience happened without their consent (Ogena 1999). In the YAFS III (2002) data, 2% of those who had PMS said that their first sexual experience happened against their will. The YAFS II (1994) asked only young women about this, but the YAFS III (2002) covered both young men and women. About 4% of young women with sexual experience were forced into it the first time, while 1% of sexually active young men had a similar experience.

The Women's Crisis Center's document "Feminist Action Research on the Impact of Violence Against Women (VAW) on Women's Health (1995-1998)" reported that six out of 10 women said they were abused by their partners during their boyfriend-girlfriend relationship. This suggested that even in "not-so-permanent" relationships, women are vulnerable to abuse. The same research also revealed that 60% of rape survivors were forced

into early marriages or live-in arrangements with their assailants.

The 1997 SWS-NYC survey revealed that 6.8% or 1.4 million Filipino youth have had sex against their will or had been raped, while 3.0% or 0.6 million reported forcing somebody to have sex with them. Being raped and raping someone do not vary significantly according urban or rural residence. However, relatively fewer NCR residents reported experiences of being raped compared to those living farther from the nation's capital (Sandoval 2000).

A higher incidence of rape was observed in lower economic classes. The incidence of rape was 3.4% among 15 to 16 year olds and increased to 7.7% to 8.9% in the 22 to 30 age group. Those with less education reported a higher incidence of being raped and raping someone than those with more education. More males reported having raped someone (Sandoval 2000) than females did.

Substance use. A nationwide, school-based 2000 Philippine Global Youth Survey (PGYTS) showed that 42.8% of 11 630 high school student (sophomores to seniors) respondents tried smoking, 21.6% were current smokers, and 26.5% were likely to start smoking next year. Thirty percent of

adolescents, ages 13 to 15, in urban areas smoked and 40% of boys and 18% of girls were frequent smokers.

The YAFS III (2002) found similar practices, but the survey focused more on increasing risk behaviours among females. Results showed that smoking, drinking and drug use experimentation were on the rise among young Filipinas. While males engaged more in all three behaviours, analysis showed that the gender gap observed in 1994 is slowly narrowing. A bigger increase in the number of those who tried smoking, drinking and doing illegal drugs was found among young women (from 17% in 1994 to 30% in 2002). Also, the increase in drinking among young people has been mostly among females (65% versus 10% in males). The proportion of drug use among young females tripled from 1% in 1994 to 3% in 2002.

Meanwhile, 20% of males have tried using drugs, almost doubling the 1994 figure. Nearly half or 46% of the country's 15 to 24 year old population have tried smoking, representing an 8% increase from the 1994 level (38%). The nationwide survey also revealed that there was a significant increase in the youth's consumption of alcoholic beverages and use of illegal drugs. "In 1994, a little over half of Filipinos

ages 15 to 24 admitted to have tried drinking alcohol. This increased to 70% in 2002. Drug use among adolescents and young adults almost doubled from 6% who admitted using any form of illegal drugs in 1994 to 11% in 2002" (YAFS III 2002).

Smoking and doing illegal drugs appear to be temporary behaviours, but drinking is not. Of those who have tried smoking, four out of 10 continued the habit while one out of four who experimented with illegal drugs was addicted. Sixty percent of those who tried drinking alcohol still drink, whether on a regular or irregular basis. Youth drinking is attributed to aggressive marketing, advertising strategies and promotion of drinking as a social activity (YAFS III 2002).

The YAFS III (2002) also found that young females appeared to exhibit better judgment and did not continuously engage in risky behaviours. About 80% of females who smoked a cigarette never picked up the habit. Among males, 58% of those who tried smoking retained the habit. Only 40% of females who tried drinking alcoholic beverages were current drinkers, compared with 76% of males.

Alcohol (90%), jealousy (83.3%) and drug abuse (23.3%) were cited by

battered women as factors that aggravated or triggered abusive behaviour (Women's Crisis Center (WCC) 1995-1998). Substance abuse can be a factor in committing violence or showing violent behaviour. In addition, illegal drugs have been identified, along with peer pressure and mass media, as factors that contribute to the youth's relaxed attitude toward sex, which can lead to unwanted pregnancy (Kaufman 2003). The average age to start drinking alcoholic beverages was 15.7 among males and 16.2 for females. For smoking, the average age was 15.7 for males and 16.1 for females (McCann-Erickson 2000).

In sum, the rate of substance abuse among adolescents is rising. With regard to smoking, drinking and use of drugs, the gender gap is narrowing as more Filipinas experiment with risky behaviours. Smoking and doing drugs appear temporary, but not drinking. Females appear to exhibit better judgment by not continuously engaging in risky behaviours.

3.3 Knowledge

Youth who are in school know more about RH than out-of-school youth do. The YAFS II (1994) shows that in-school youth also know more about sex and are more realistic in discussing

it. Sex is more prevalent among girls than boys. Out-of-school youth, especially females, are having more sex and more RH problems (Raymundo et al. 1999).

With regard to sex education, focus group discussions (FGDs) conducted in Davao between 2000 and 2001 by Development People's Foundation Inc. (DPF) indicated that participants learned about sex from their peers or by viewing X-rated films on television. Some also learned about it from their parents who discussed sex while children were around. Mass media is still considered the most common source of information about sex (Diaz n.d.; Benares 2001; Badayos 2001). Media includes television, movies, magazines, advertisements, books, and radio. Less common sources are teachers, churches, and family.

3.3.1 Body changes

Studies conducted in Baguio, Southern Leyte, Apayao, Kalinga and Ifugao on adolescents' awareness of body changes during puberty found that young females notice acutely the onset of menstruation, development of breasts and widening of hips. Meanwhile, the most noticeable body changes among young males include the lowering of the voice, growth of Adam's apple, growth of hair (face and pubis) and firming of

the muscles (Cruz and Diaz 2001; Cabigon and Zablan 2001; Diaz n.d.; Zablan 1999).

The 1997 baseline survey in Cordillera Autonomous Region (CAR) noted that at least three-quarters of female adolescents and half of male adolescents were aware of changes in their bodies while growing up. When an IEC programme was implemented in 1997-2000, there was an increased awareness among both females and males about body changes (Zablan 1999).

3.3.2 Pregnancy and fertility

The 2000 Family Planning Survey conducted by the National Statistics Office showed that 20% of women aged 15 to 49 did not know when they are fertile during their monthly cycle. Only 14% of all women and 26% of those who used the calendar or rhythm method gave the correct answer, which is the middle of a woman's cycle. One-fifth of all women, though, believed that there is no particular time when women are at greater risk of getting pregnant.

Studies conducted in Davao, Baguio, and Southern Leyte showed that an average of 40% of adolescents believe that a woman can get pregnant with her first or only sexual intercourse. The majority

of them also agreed that a woman cannot get pregnant without having menstruated (Cruz and Diaz 2001; Cabigon and Zablan 2001; Benares 2001)

When shown a statement that read "a woman should wait at least two years before getting pregnant again," 28.5% of adolescents agreed. More than 60% agreed that "one cannot become pregnant if contraceptives were used" (Cruz and Diaz 2001; Cabigon and Zablan 2001).

Two studies conducted in Baguio among high school students and barangay youth showed that there was a low level of awareness about when pregnancy is most likely to occur (Cruz and Diaz 2001). Only one respondent out of 729 got the right answer. Fifty-four percent of the students admitted that they did not know when pregnancy was most likely to occur. About 18% to 50% of adolescents believed that one is more likely to get pregnant seven to 10 days after menstruation. About 14% believed that seven to 10 days before menstruation is a high-risk period.

The 1999 UPPI study *The Impact of the Cordillera Administrative Region IEC Program on the RH Knowledge, Attitudes and Behavior of Single*

Adolescents supported these findings. In 1997 more adolescent girls (37.8%) than boys (30.8%) knew when ovulation was most likely to occur. By 2000, though, knowledge among adolescent boys increased to 37.1% and that of adolescents girls increased to 40.9%. This increase was attributed to an IEC programme that was conducted in the area over a three-year period. The results suggest that the programme was more successful in increasing awareness of ovulation among adolescent boys than among adolescent girls, but their awareness levels are still considered low.

3.3.3 Contraception and family planning

In the 1998 NDS survey of adolescents, 94.4% of 15 to 19 year-old girls who were never married had heard of a modern contraceptive method, but only 0.1% had used a modern method. The modern contraceptive methods of contraception include the oral contraceptive pill, intrauterine device (IUD), injections, diaphragm, spermicide foam or jelly, condom, female sterilization, male sterilization and implants (Population Council 2002). Of the married group, 96% of females aged 15 to 29 had heard of a modern contraceptive method, but only 19.3% had used one. On the other hand, men, married and single, did not indicate

any knowledge of or practice of contraception.

According to the NSO's 2002 Family Planning Survey, periodic abstinence and the calendar or rhythm methods were the most popular traditional methods and were used by almost 10% of married women aged 15 to 49. The same survey found that 99% of married women aged 15 to 49 had heard of at least one method of family planning. Nine out of 10 married women knew about the pill, IUD, condom and female sterilization, while about 8 out of 10 had heard of injectables, male sterilization, rhythm and withdrawal. Knowledge of injectables increased from 54% in 1993 to 89% in 1998.

According to the YAFS III (2002), 92% of all males have heard of condoms. The proportion is higher among sexually active males (98%) than among sexually inactive males (90%). Among sexually active men, there are no age differences in condom knowledge. However, among the sexually inactive men, 15 to 19 year olds are much less likely to know of condoms than 20 to 24 year olds. Single men who are sexually active are more likely to know about condoms than married men are. Those with greater education, regular media exposure, and exposure

to urban living are more likely to know about condoms, regardless of their sexual activity status.

The YAFS II (1994) data also indicated that most Filipino adolescents (84%) have heard of at least one family planning method. Yet, only 4% are knowledgeable about family planning. Their information sources include teachers, doctors, and the media (Raymundo et. al. 1996). It also found that over 90% of adolescents aged 15 to 24 believed that the government should provide FP services, and some 80% to 90% think it proper for these services to be offered to youth.

The survey also showed that some youth do not understand how to use particular contraceptive methods. For instance, 27% think that the pill is taken orally, either before or after sexual intercourse, and 17% think that tubal ligation is an object inserted into the female before intercourse (Raymundo et. al. 1996).

The pill is the most popular contraceptive method in Baguio, La Carlota, and La Castellana. The different studies conducted in the said areas revealed that about 41% to 86% of the adolescents surveyed said they had heard of this method. The condom was the next best known method (41% to 81%). Sterilization

procedures, the IUD, injectables, withdrawal, rhythm and ligation were the least known methods (Ogena 1999; Cruz and Diaz 2001; Diaz n.d.; Benares 2001). A small number of high school students believed that hysterectomy and castration were contraceptive methods (Cruz and Diaz 2001).

Seven out of 10 adolescent girls and four to six out of 10 adolescent boys in CAR reported that they knew about the pill, condoms and IUD. Four to five out of 10 adolescent girls and three to four out of 10 adolescent boys reported that they knew about injectables, female and male sterilization, the calendar or rhythm method, withdrawal and breastfeeding (Zablan 1999).

The NSO's 2000 survey found that 67% of women had recently heard about family planning on the radio and 71% had seen something about it on television. Less than half had read about family planning in a newspaper or magazine (44%), poster (44%), leaflet or brochure (34%). No data segregation on the age of the respondents has been done for the survey's results. Therefore, sources of knowledge on family planning for adolescents cannot be determined.

A survey conducted in four high schools in Baguio City showed that the most

common sources of information on contraceptives were doctors, nurses, seminars, and the media. Books, magazines, teachers, classroom discussions, parents and boyfriends or girlfriends were less common sources (Cruz and Diaz 2001; Diaz n.d.). Also, 69% of the adolescent girls who learned about FP methods in school reported that 51.4% received this information while they were in their first and third years in high school. Of the 48.6% of adolescent boys who had learned about FP in school, 42.3% reported that they received this information when they were in the first and fourth years (Zablan 1999). But information [Editor's note: that the students received] appears to have been inadequate. Most adolescents who were exposed to population education said that the subject was integrated in their regular school subjects rather than being taught as a single subject. Eight out of 10 adolescent girls and five out of 10 boys learned about the female and male reproductive system, FP methods and STI.

3.3.4 STI/HIV/AIDS

According to the YAFS II (1994), awareness of AIDS is high. Ninety-five percent (95%) of all Filipino youth stated that they had heard of AIDS. The majority (65%) could identify at least one STI. AIDS was the most

commonly identified, named by 58% of the respondents, followed by gonorrhoea (37%).

The YAFS 2002 found that there is a misconception that AIDS can be cured. This survey found that 23% of young people believe it is curable. Moreover, 60% think that they cannot contract AIDS. As to the modes of transmission, the most frequent response (66%) was that it is transmitted by having sex with a prostitute. Nearly a third of the respondents stated that AIDS may be transmitted by having multiple sexual partners. Only 15% identified sex with a partner of the same sex as a transmission route. More than 20% identified blood transfusions as a non-sexual transmission route. However, 12% could not identify a single correct mode of transmission (Raymundo and Xenos 1999).

Findings from the YAFS II (1994) indicated that about 10% of the 15 year olds and 6% of the 16 year olds were not aware of AIDS. Less than 4% of those over the age of 19 were not aware of AIDS. Adolescents living in rural areas were less likely to be aware of AIDS than their urban counterparts. Those with an elementary education were less likely to be aware of AIDS than those with a high school or a college education. Further, those with

no regular exposure to media (television, radio, or newspapers) were less likely to be aware of AIDS.

Knowledge about risk behaviours for contracting HIV/AIDS differed between males and females. More females than males indicated that commercial sex workers and their partners were especially vulnerable to HIV infection. There was a widely-held perception that HIV/AIDS is a problem for certain marginalized groups, such as homosexuals and intravenous drug users (Brown and Xenos 1994, cited in HAIN 2003). Also, people with multiple sexual partners and homosexuals were recognized by two out of five respondents as high risk populations. Other at-risk groups were overseas workers, drug users and people who receive blood transfusions.

Awareness of AIDS and STI was generally high in Baguio (IPHC 2001; Cruz and Diaz 2001; Diaz n.d.). An average of 72% of adolescents had heard of STI and HIV/AIDS. Adolescents gave the following common definitions: a disease transmitted through sexual intercourse; a disease one can get by having sex with someone with a STI or by having multiple sexual partners. The most common examples cited were HIV/AIDS, gonorrhoea, and syphilis. Most

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adolescents from Baguio and Davao did not believe that taking antibiotics before having sex would prevent STI. They were also aware that one cannot get AIDS by using public toilets.

Regarding the transmission of HIV/AIDS, youth participants in FGDs conducted in Cebu believed that one should not share needles and syringes or urinate in areas used by infected persons. If someone has AIDS, one should not go near him nor share his food (Ramon Aboitiz Foundation 1995).

The majority of the FGD participants also knew that AIDS is incurable and that it cannot be acquired through contact with the belongings of an infected person. Most of them were aware that AIDS cannot be acquired through mosquito bites. Some said that AIDS is manifested as sores in the mouth, and that its modes of transmission included homosexuals, monkeys, flies, food, and dogs (Cabigon

and Zablan 2001; Cruz and Diaz 2001; Ramon Aboitiz Foundation 1995).

In Tacloban, 42% of young adults correctly answered that a cure does not exist for HIV/AIDS. In Cotabato, which generally had very high knowledge scores on HIV, only half of young adults aged 16 to 20 answered that mosquitoes cannot transmit HIV/AIDS. In Iloilo, which also had generally high knowledge levels about HIV/AIDS, only about 46% of young adults knew that a person with HIV can still look healthy (Tan and Tomas 1996).

A study by Protacio-Marcelino conducted in 2001 (cited in HAIN 2003) found that child sex workers did not have correct information about HIV/AIDS. The word "AIDS" evoked strong negative feelings among the children and they were afraid of contracting it. They seemed to demonstrate a general awareness of STI and HIV/AIDS and knew that they were vulnerable.

Table 7. Knowledge of the modes of transmission for HIV/AIDS (%)

Adolescents think that AIDS can be transmitted through:

MODES OF TRANSMISSION	BAGUIO		DAVAO		S. LEYTE	
	12-15y/o	n=639	10-24y/o	n=576	13-17y/o	n=364
Use of condom can spread AIDS.	10.8		49		51	
One can acquire AIDS by using public toilets.	31.3		39		38	
AIDS can be spread through mosquito bites.	35.72		51		40	
Taking antibiotics prior to sexual act can prevent STI/HIV/AIDS.	27.22		51		n/a	

However, misconceptions and inaccurate information were still prevalent. Some young sex workers remarked that STI could be treated by a mixture of detergent soap, soft drinks and coconut juice or by taking antibiotics as a prophylactic.

Young sex workers continued to rely on advice from friends and peers for information on how to determine if a customer is "clean", the signs and symptoms of diseases and how to treat and prevent STI (HAIN 2003).

Adolescents commonly obtained information about STI from school (68%) and the media, such as television or movies (64%), magazines (48%), and radio (36%). Books (39%) were also a main source of information. Friends (28%) and family members (8% to 21%) also provided information to youth (Cruz and Diaz 2001; Cabigon and Zablan 2001). Knowledge scores were low if the main source of information was friends. The highest scores occurred if the main source was school lectures and health workers. In Bontoc, young adult females who relied primarily on friends had an average correct score of 3.9 out of 15 for HIV facts (Tan and Tomas 1996).

Based on the available research, awareness of male and female body

changes during puberty was generally high, but adolescents' knowledge of pregnancy and ovulation period was relatively low. The best known contraceptive methods were the pill and condoms. In general, knowledge of STI and HIV/AIDS, and awareness on the modes of transmission was high. The common source of information regarding sex, contraception and STI was the media, especially television.

3.4 Attitudes

Adolescents generally disapprove of PMS. The majority of them also disapprove of homosexual relations and abortion. Males are more open to having PMS, but place great importance on marrying a virgin (89.82%).

A number of studies, as will be mentioned in the following section, tried to examine the attitudes of adolescents towards PMS, marriage, virginity and abortion.

3.4.1 Premarital sex

Most adolescents disagree with having sex prior to marriage. Studies have shown that 60% disagreed even if the couple already had marriage plans. Moreover, 70% disapproved of sex if there were not an emotional relationship between the parties (Cabigon and Zablan 2001; Benares 2001; Cruz and Diaz 2001; IPHC 2001; Badayos 2002).

FGDs conducted in Southern Leyte indicated that adolescents believed one can have sex if he or she has finished school or has a job (Cabigon and Zablan 2001). Marriage was still viewed as the proper venue for sex (Diaz n.d.).

Adolescents considered age as a primary factor for engaging in sexual activity. Females were found to be considering marriage at a younger age than males. (Benares 2001) The mean age was between 20 and 22 years old for engaging in sex and 22 and 24 years old for marriage. In an FGD held in Davao, participants felt that people should be at least 21 years old to engage in sex. This belief was due to concerns about pregnancy and possible physical, social and emotional problems that can result from PMS (DPF 2001).

In Iloilo, adolescent girls aged 15 to 24 said that if they engaged in physical intimacies, then they would have a bad image and become "losyang" (wasted). Parents also said that PMS was shameful. Adolescents were not seen as mature enough or financially able to cope with the consequences of PMS (Badayos 2002).

A baseline survey conducted among young adults aged 11 to 25 in Southern Mindanao (Region 11) found that the following sexual behaviour was

considered permissible: holding hands (66.3%); kissing on the lips (38.8%); fondling of one's self (25.7%); kissing with the tongue (22.2%); and necking or petting (15.2%). Male and female intercourse was considered permissible only by 13.4%. However, data showed that they were more sexually active than their attitudes would suggest. This was true for all behaviours except "fondling of one's self," which only 22% admitted to (Conaco et. al. 2003). In Davao, adolescents preferred to be subtle. Kissing was considered natural during dating, yet both parties were expected to practice control and set limitations (DPF 2001).

3.4.2 Marriage

Most young men consider their earning capability before getting married. Often they wait until they finish high school, get a job and save some money. It generally takes several years before young men are confident enough to start their own families (De Guzman 1996). Live-in arrangements are sometimes seen as an acceptable alternative because weddings are expensive (UPPI 2002).

In an FGD conducted by DPF (2001), the young men did not want to have the responsibility of being a parent. Male adolescents looked for simplicity, responsibility and good character in choosing a partner. Young women did

not mention physical looks as a top priority, while males did not mention intelligence as important for their choice of partner (DPF 2001). An ideal family was seen as one which was unified, had a good reputation, was financially stable and had happy, responsible family members. The preferred number of children was three (Benares 2001). The earliest preferred age for marriage was 18 and the latest was 45.

In the YAFS I (1982), youths perceived unwed mothers as acceptable, in general, to society (69.89%), neighbors (62.33%), girl friends (78.35%) and family (69.66%). Comparable data in the YAFS II (1994) are 78.6%, 75.4%, 87.6% and 84.1% respectively. There was a marked increase in the acceptance of unmarried mothers during the period from 1982 to 1994 (Ogena 1999). Still, most adolescents felt that the right age for childbearing was 25 years. They also felt that this was the age when males were ready for familial responsibility (Benares 2001).

The majority of adolescents (80%) disapproved of extramarital affairs. Many adolescents found it unacceptable for women to have extramarital affairs (Zablan 1999; Diaz n.d.; Cruz and Diaz 2001). The majority of respondents also disapproved of homosexual relations. Over

70% surveyed thought that having sex with a person of the same sex was not acceptable. Despite this, 43.2% agreed to the statement that attraction to the same sex was acceptable, while 59.9% believed that homosexuals could be good company and 53.4% thought it was alright to be close friends with them (Cruz and Diaz 2001).

3.4.3 Virginity

Seven out of 10 adolescents surveyed say that virginity was an important consideration in one's choice of a spouse. Almost 50% said it was unacceptable for a woman not to be a virgin before marriage, but the number decreased to 42.6% when a man was concerned (Diaz n.d.). There is a double standard. The average Filipino male expects to marry a virgin but also wants to "devirginize" a girl when given the chance (Perez n.d.; DPF 2001; Zablan 1999).

3.4.4 Abortion

Only a few adolescent girls (6.6%) and boys (4.6%) unconditionally approved of abortion (Zablan 1999). However, four out of 10 adolescent girls approved of abortion when the life of the mother was in danger. About 10% approved if the child were deformed or if the pregnancy resulted from incest or rape.

Only a few (5% or less) approved of abortion for reasons of the couple's economic stability and marital status of the woman or of the child's father (Zablan 1999). A 2003 study (HAIN) also found that adolescents said abortion was acceptable if the pregnancy endangered the mother's life (58.8% (acceptable) versus 33.3% (not acceptable)). In another study conducted in Baguio, 78% of students said that abortion was considered wrong regardless of circumstances (Cruz and Diaz 2001).

Cabigon (1999) found similar results. The approval rate for induced abortion was very low (4%) due to strong social beliefs, e.g. abortion as taboo and illegal. Young adult men held more liberal attitudes towards induced abortion than women did. The approval rate was lower among single men and religious women.

3.5 Sexual practices

Although adolescents generally do not approve of PMS, findings of the YAFS III (2002) showed that 23% have had PMS compared to 18% in 1994. This indicates that PMS is becoming more common. In actual figures, 4.9 million young adults aged 15 to 27 years old have engaged in PMS (YAFS III (2002)).

It is also worth noting that while many

young people expressed an openness to using contraception, the practice is still low. According to McCann-Erickson (1993), only 49% of the youth use protection, with condoms being the most commonly used contraceptive. Another study in 2002 (YAFS III) showed that the practice of using contraceptive remains low. Only 19% of the respondents practiced safe sex or used contraception to protect themselves from STI and unintended pregnancy (YAFS III).

3.6 Adolescents' concerns and needs

The findings of the YAFS II (1994) suggested that adolescents needed a school curriculum that integrated sex and health education and was more attentive to their concerns. It also showed the need for a carefully designed programme of counseling and service delivery with a clear set of principles and guidelines.

There was also a need for services to prevent the unwanted consequences of sexual activity, such as early marriages, STI and early pregnancies. There was also concern about service providers, especially in terms of their technical capabilities and attitudes or biases. Most adolescents who had experienced RH problems did not seek medical attention

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(Raymundo and Xenos 1999). Service providers, however, said that RH information and education was an important service for both parents and adolescents.

It is important to recognize that Filipino adolescents are also very concerned about their economic conditions. Parents and service providers attested that economic concern remained at the top of every adolescent's priority list. Moreover, youth aged 15 to 30

considered having a good marriage and family life (98%) as very important in their lives. Being able to find a steady job and having a good education were also priorities for 98% (SWC-NYC 1996).

Many studies, especially at the local level, tried to examine the concerns and needs of adolescents as perceived by them, their parents and service providers. Important findings are discussed below.

Table 8. Results of studies on adolescents' needs

Areas	Adolescents	Parents	Service Providers
Negros Occidental	<ul style="list-style-type: none"> • improvement of living conditions and economic circumstances • access to education 	<ul style="list-style-type: none"> • continuing education programme that will provide counseling and strengthen positive values 	
Davao	<ul style="list-style-type: none"> • parents should have the capacity to educate their children on sex • parents should be more gentle on their approach towards their children 	<ul style="list-style-type: none"> • orientation on sex education and RH for parents • discussion of gender-based violence 	
S. Leyte	<ul style="list-style-type: none"> • financial and emotional parental support and guidance • catechism in schools, information and counseling 		<ul style="list-style-type: none"> • improvement of PTA to educate parents on how to educate their children • sex education
Iloilo	<ul style="list-style-type: none"> • ARH programmes/services should include contraceptive provision, counseling, sex education, IEC programmes, youth activities 	<ul style="list-style-type: none"> • sex education and IEC programmes 	<ul style="list-style-type: none"> • government support for youth welfare

3.6.1 Perceptions of adolescents

CONCERNS OF ADOLESCENTS
STI
Substance abuse
Living conditions
Malnutrition
Lack of access to education
Poverty
Lack of jobs
Rape
Incest
Sexual harassment
Teenage pregnancy
Early marriage
Abortion
Juvenile delinquency

The 2000 McCann-Erickson study of youth aged 13 to 21 years found that their concern about STI had increased from 48% in 1992 to 56% in 2000. Those surveyed from classes AB (upper class) and D (lower class) were usually not the ones concerned about contracting STI.

A study by Benares (2001) tried to determine the RH concerns and problems of adolescents aged 12 to 24 in La Carlota City and Municipality of La Castellana in Negros Occidental. A review of the adolescents' responses, however, showed that instead of identifying RH concerns, their answers were related to factors affecting their reproductive health. They were mainly concerned with their living conditions (drugs or substance abuse, heavy

smoking, malnutrition and alcoholism), lack of access to education, and economic circumstances (poverty and lack of jobs).

These findings may be attributed to a lack of education or awareness about RH. In FGDs with 92 adolescent boys and girls in Davao (DPF 2000-2001), adolescents said that their parents lacked the capacity to teach them about sex. Parents did not explain the disadvantages of sex or discuss television shows or videos that had sex in them. More than half of the participants said that parents should be gentler in their approach towards their children. Instead of reprimanding their children, they should advise them, they said. Teens said that when parents notice their children drifting away, they should take the initiative to reach out to them and talk with them (DPF 2001; Benares 2001).

CONCERNS OF ADOLESCENTS (continued)
Patronage of pornographic materials
Youth criminality
Multiple partners
Bad peer influence
Lack of parental guidance
Male aggressiveness
Bisexuality
Homosexuality

In Southern Leyte, adolescents aged 13 to 18 who participated in a FGD stated the following needs: money; empowerment; parental guidance; sports facilities and equipment; sports activities; health facilities and services for adolescents; and catechism in public schools. When adolescent boys were asked what their problems were, they said drug abuse, vices (smoking and drinking) and malnutrition (Cabigon and Zablan 2001).

Key informant interviews and FGDs conducted in Iloilo found that adolescent respondents between the ages of 15 and 24 believed that ARH programmes and services should include providing contraceptives, counseling, sex education, IEC programmes, and alternative youth activities such as sports or livelihood trainings. Meanwhile, other stakeholders (parents, health providers, religious leaders) mentioned the same needs except for counseling, and did not agree on the provision of contraceptives (Badayos 2002).

In Cabigon's and Zablan's 2001 study, adolescents' need for information and counseling include reproductive health, self-confidence or personality development, personal relationships, and the interaction of all three needs, or decision-making capabilities in

matters of marriage and reproductive health. The RH needs mentioned were: avoiding pregnancy (89%); coping with unplanned pregnancy (78.5%); avoiding STI/HIV/AIDS (88.7%); and coping with STI/HIV/AIDS (79.1%). Adolescents expressed the needs: to develop their self-esteem (92.6%); to say "no" to sex (87.1%); identify and avoid risky situations (91.8%); recognize sexual and reproductive health consequences (80.8%); and prepare for married life (86.3%).

They also said they wanted more information about: strengthening their moral or religious foundation (93.4%); handling boyfriend or girlfriend relationships (82.6%); improving relationships with parents (91.8%); and coping with courtship problems (82.6%). Lastly, they expressed concern about the following: prevention of early marriage (85.9%); prevention of abortion (85.7%); ability to handle illicit drugs (73.9%); avoiding reproductive tract infections (RTI) (85.2%); and coping with RTI (79.9%).

Adolescents were also concerned about rape. Of the 639 high school student respondents in Baguio, 356 believed that rape was a serious and widespread problem. Almost as many students (350) said that drug addiction was also a serious problem. Students said that

other social problems included teenage pregnancy, early marriage, abortion, STI, buying pornographic materials and juvenile delinquency (Cruz and Diaz 2001).

About half of the 364 adolescents in the baseline survey that was conducted in Southern Leyte indicated the need for financial and emotional support from their parents; 30% were concerned about drug addiction; and 18% about youth criminality. They felt that a lack of parental guidance and support and bad peer influence could lead to drug abuse and criminality. When asked what should be done to remedy these problems, they indicated the need for wholesome youth activities and involvement of the youth in civic affairs. Key informants also mentioned drug abuse and youth vandalism as serious problems.

In the same survey, many respondents cited the need for more financial support (72%) and greater parental emotional support (63%). Drug addiction (43%) and youth criminality (18%) were also identified as problems. Their other concerns included: multiple partners among young males (25%) and females (24%); sex demanded as proof of love (23%); abortion (23%); rape (22%); STI (22%); PMS (20%); "easy to get" females (20%); sexual harassment

(20%); and incest (19%). Lesser concerns included homosexuality (16%), bisexuality (14%), and male aggressiveness (17%) (Cabigon and Zablan 2001).

In summary, adolescents' concerns were the following: poor living conditions; lack of education; financial and parental support; drug addiction; sexual behaviour and practices; and rape. Their primary reproductive health needs were for more information, counseling, health facilities/services, parental guidance, emotional support, youth activities and youth involvement in the community.

3.6.2 Perceptions of parents

ADOLESCENTS' CONCERNS BY PARENTS
Gender-based violence
Poverty
Drug abuse
Teenage pregnancy
HIV/AIDS
Natural calamities
Early marriage
Alcoholism
Lack of employment

In the FGDs conducted by DPF (2001), adolescents in Davao City said mothers were influential in teaching their children about sex. They did not comment on the fathers' responsibility. Respondents recommended an orientation to sex education and RH for parents. It was

pointed out that parents should be given the opportunity to participate in RH and sex education through non-formal community classes and sessions by government agencies. It was also recommended that family welfare agencies review and revise their programmes, services, strategies and approaches for parents and parents-to-be.

The issue of gender-based violence arose frequently during interviews conducted in Cebu and Davao. It seemed that it is sometimes considered socially acceptable to engage in various forms of coercion within marriage and violent reactions of husbands or fathers are not uncommon (Zosa-Feranil 2003).

When parents in La Carlota City and the Municipality of Castellana in Negros Occidental were asked about adolescents' concerns, they identified almost the same issues as the adolescents did (Benares 2001). In addition, the study identified other perceived threats to youth, such as: poverty (51%); insecure future in terms of careers (25%); drug abuse (15%); getting pregnant before marriage (9%); vehicular accidents (5%); diseases such as HIV/AIDS (3%); natural calamities (3%) and early marriage (3%).

Parents thought that the major problems

affecting youth were heavy drinking or alcoholism (30%), drug addiction or substance abuse (30%), and poverty and lack of employment opportunities (24% each). To avoid such threats, specifically those related to RH, parents were asked what precautionary measures they considered helpful. The parents said: avoiding high-risk activities, such as fast driving, substance abuse and similar vices; being more health conscious; and adopting safe sexual behaviour. They also preferred a continuing education programme that would provide counseling and strengthen values (Benares 2001; DPF 2001).

The parents' perception of their own role appeared to be mixed. Interviews conducted in Cebu and Davao indicated that there was a disagreement among them concerning the extent to which they want to be involved and how much information they wished their children to have regarding RH. Some were worried that it would lead to sexual promiscuity. While most parents felt that RH education was necessary for their children's well-being, they did not want to be the ones to impart such information. (However, in Cebu, mothers believed that they would be the most reliable source on matters such as sex. Some mothers even consider their nagging about these topics as actual

information. Fathers and other elder male family members may assist young men in obtaining sexual experience (Zosa-Feranil 2003)). From the parents' perspective, adolescents' concerns and needs include adequate financial support, sex education, gender-based violence, parents' education on ARH, and inculcation of positive values.

3.6.3 Perception of service providers

ADOLESCENTS' CONCERNS BY SERVICE PROVIDERS	
Drug addiction	Pregnancy
Lack of government support for the promotion of youth welfare	Malnutrition
	Sexual abuse
	Induced abortion
Lack of community initiatives to organize the youth for civic and religious activities	STI
	Low level of awareness about sexuality issues

Drug addiction was the consistent problem identified by all stakeholder groups e.g. parents, service providers, and clients interviewed in Iloilo (Badayos 2002). It was seen as either a cause or result of other issues such as gang problems, sexual promiscuity and family problems. The service providers observed that nothing significant has been done to address these issues at the community level. Poverty was also mentioned during interviews as one of the major underlying problems facing

adolescents. Providers also cited the lack of government support for the promotion of youth welfare (e.g. lack of sports facilities and social activities) and the lack of community initiatives to organize civic and religious activities for youth (Cabigon and Zablan 2001).

In the study by Benares (2001), service providers identified pregnancy and childbirth, sexual relations, sexual malnutrition and sexual abuse, induced abortion and STI as problems for adolescents. Respondents were aware that they play a major role in helping adolescents through difficult years. Aside from attending to the physical aspect, a number of health providers said they also provided counseling to some adolescents in need of moral support. Despite this assistance, youth also needed help from others. Thus while 25% of providers said that they could help adolescents by providing counseling, others suggested a two-pronged strategy of education and livelihood opportunities which they believed government and private sectors could provide.

General health problems of adolescents, according to service providers in Southern Leyte, included: frequent colds; diarrhea; headaches; poor personal hygiene (underarm body odor); poor eating habits (low food intake, low

nutritional level); and drug abuse (especially marijuana). The providers pointed out adolescents' poor understanding about RH (i.e. the misconception that taking a bath during menstruation is bad for one's health), early marriage, unreliable information about sex, sexual abuse and improper behaviour during dating and courtship (Cabigon and Zablan 2001).

The Health Action Information Network (2003) also recommended the need to educate the media about HIV/AIDS so that they could responsibly and accurately report on such issues, especially since much of their audience is adolescents.

In Southern Leyte, providers saw the importance of strengthening Parent-Teacher Associations in public schools to promote the role of parents in teaching good hygiene habits and good eating habits and also to turn PTAs into a venue for discussing youth problems. Parental education could include the following areas: training as role models for their children; training on proper parenting (coping with the needs of their children and improving communication with their children); training to be able to educate their

children about good RH (Cabigon and Zablan 2001).

Many of the service providers indicated that adolescents' concerns included poverty, drug addiction, and sexuality issues. Moreover, they emphasized that media personnel need to be educated about ARH to ensure responsible presentation of issues.

Family is important to adolescents, but many parents are unprepared for coping with adolescents' RH needs and concerns. They either lack the knowledge or are uncomfortable with discussing the issue with their children. They knew that adolescents wanted information about pregnancy, marriage and other RH issues, but some parents were hesitant to provide information for fear that it might lead to sexual promiscuity.

Although adolescents want access to contraceptives, service providers were hesitant. All of the providers, however, stressed the need for sex education. They saw the importance of providing proper RH information to adolescents because adolescents' information sources are not reliable and generally they are not knowledgeable about RH.

3.7 Factors influencing KAP

FACTORS INFLUENCING KAP
Love
Education
Civil status
Religion
Peers
Media
Parental guidance
Residence
Economic pressure
Traditional beliefs
Culture

The YAFS III (2002) showed an increase in all sexual risks behaviours among adolescents aged 15 to 24 years old compared with levels observed in 1994. Males reported having more PMS. Also, 20% of sexually active males paid for sex and 12.2% accepted payment for sex. Same sex experiences were reported by 5% of sexually active boys, an increase of one percentage point from 1994 (Raymundo 2002).

The YAFS II survey (1994) found that adolescents were not using contraception because of the spontaneity of the act, lack of knowledge, objection of their partner, or the perception that contraception took the fun out of sex (Raymundo et. al. 1996). As a result, adolescents were exposed to risks such as STI and unwanted pregnancy.

A study in Davao (Sanchez et. al) and a review by Perez (1998) found that most of the reasons for induced abortion were economic. It was done to space pregnancies (19%) and to terminate unwanted pregnancy (18%). Some women had abortions because they already had too many children (14%) or had health problems, such as difficulty in childbearing and pregnancy.

Pangilinan gave the following description of a pregnant teen who opted for an abortion (cited in Perez 1998): “unmarried, with low educational level, from a low-income family and has tried contraceptive methods and devices.” It is also important to note that “unsupervised homes are the most popular venue for sexual debut of the youth” (Raymundo et. al. 1999).

The 1998 NDS reported that sexually active males said that education, specifically population education, were significant factors in using contraception. Urban residence and having a partner who was not single and not religious increased by 30% the likelihood of using contraception. The same held true for female adolescents (Berja 1999).

The YAFS II (1994) found that only 2% of those aged 10 to 14 had

experimented with prohibited drugs. However, 13% of those aged 15 to 24 had tried using drugs and 74% of them admitted to have been influenced by their friends. Sixty percent (60%) of those who tried smoking and 54.5% who tried drinking were influenced by their peers (Cruz and Diaz 2001). In Bontoc, Iloilo, Tacloban and Cotabato, males were more likely to consume alcohol, smoke and use illegal drugs. From 1992 to 2001, there was an 8% increase in the number of adolescents who tried smoking. There was also an increase in drinking. Regarding drug use, the percentage almost doubled from 6% to 11% (HAIN 1996). Lack of parental guidance, peer pressure, lack of education and information were identified as causes of drug addiction, early marriage, teenage pregnancy and STI (UNFPA and POPCOM 1995).

According to local government unit (LGU) health representatives, drug addiction was a reason why some adolescents engaged in sex. Parents and religious leaders also pointed to drug use as a factor in sexual activity. Even adolescents have cited drugs as a factor that prodded them to have sex for the first time. However, only 8% to 21% cited drugs as the main reason. For most adolescents (65%), love was the main reason for their first sexual experience. Most adolescents said that

it was why they took risks. Other reasons given were curiosity, peer pressure, fraternity or sorority initiation, and a lack of parental guidance or having lenient parents. However, having population education in schools reduced the odds of engaging in PMS by about 70% (Badayos 2002; HAIN 1996, 1997; Cruz and Diaz 2001; De Guzman 1997).

When young sex workers were interviewed in Sorsogon, they reported many factors that led them into prostitution: being gang raped; being a victim of physical abuse during childhood; being a victim of emotional abuse by a husband; the tolerance of prostitution in their immediate milieu; maternal prostitution; and a broken home. Large earnings and a more interesting life were also factors. Precipitating factors, on the other hand, included: economic pressure; lack of chance for a desirable marriage; enticement or persuasion by a pimp or other sex workers; and an unhappy marriage (Ateneo Social Science Research Center 2000).

Gangs were also prevalent in high schools. A study of gang members in Davao City in eight public high schools found that the common reasons for joining gangs were friendship, poverty, academic support and gaining an identity (Mondragon n.d.).

Interviews with adolescent girls aged 10 to 15 in Mindanao showed that many of them learned about menstruation from their parents, but parents told them things that had no scientific basis. They did it for the sake of tradition. For example, some traditional beliefs are: “to ensure a minimal menstrual flow, jump from the third step of the stairs so that menstrual flow will only last for three days; to prevent abdominal pains, do not take a bath when one has menstruation; ... and to prevent malodorous smell of menstruation, jump over a lemon grass plant and be careful not to step on chicken dung or dog’s feces.” Respondents said they had abided by one or more of these beliefs (Quianson 2001).

Many social and cultural factors combine to shape Filipino adolescents’ sexual and reproductive health. These include a social system organized around a tight-knit, extended family support networks, strong clan loyalty and deference to and dependence upon parents and elders (Medina 1999; Miralao and Engracia cited in Zosa-Feranil 2003). In interviews conducted in Cebu and Davao, adolescents aged 15 to 24 emphasized how certain social concerns, such as the importance of marriage and childbearing in marriage,

affect adolescents (Zosa-Feranil 2003). While women were encouraged to be virgins until marriage and to be faithful to their husbands within marriage, men were encouraged to be macho and freely exercise their sexuality (Gastardo-Conaco 1992 cited in Brown and Xenos 1994).

It is acceptable and expected that Filipino men will be sexually experienced prior to marriage. On the other hand, a double standard exists for women concerning appropriate sexual conduct before and after marriage. A woman is supposed to be sexually available to her husband whenever he wants. But prior to marriage, females can put on the brakes and delay having sex. There is tremendous cultural value placed on virginity before marriage and fertility after marriage. It is of the utmost importance for a couple to have a child as soon as possible after marriage (Zosa-Feranil 2003).

Religion also plays a role in sexual behaviour: “the religious influences come mainly in terms of what is forbidden rather than ethical guide-lining that discuss fairness, justice, and responsibility” (Tan, UPPI 2002). Tan pointed out the continuing emphasis on female virginity and female subservience to males. “She keeps her virginity as a gift for the man.”

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This emphasis diverts people's attention away from more important values of sexual responsibility. As a result, he argues, adolescents' views are being distorted.

Many young people are not even aware of the Catholic Church's stand on FP. They said that condom use was acceptable, but considered pills and IUD sinful. The YAFS II (1994) found that the majority of adolescents believed their religion supported contraceptive use and that their future contraceptive behaviour will be influenced by the teachings of their religion. This included 67% of all Catholic respondents. The same was true for the adolescents who admitted using condoms occasionally and said that religion and cultural norms affected their decision to use condoms (HAIN 2003). However, the 1993 NDS found that condom use for Roman

Catholics was 1% and for non-Roman Catholics it was 1.2%, suggesting that religion did not determine condom use (Population Council 2002).

Studies show that the media has become a surrogate parent for many young people aged 12 to 21 (McCann-Erickson 1993). The media is considered a major influence on adolescents' behaviour. It is also a major source of information for adolescents about sex. Youth consider the media to be informative and helpful in providing sex education. Of several choices for the 'most informative' sources on RH, adolescents aged 10 to 24 chose television and radio (46%) and newspapers or magazines (44%) above all else. Parents and schools were considered less informative sources (Badayos 2002; Zosa-Feranil 2003; Benares 2001).

4. ARH educational and service interventions

Table 9. Nature of intervention programmes

Nature of Intervention Programme	Number of Programmes
Education (Training/seminar)	33
Services (14 medical & clinical services)	17
Combination of education and services	26

ARH educational and service interventions are provided by government agencies and NGOs at the national and local levels. Most of them are community-based, some are school-based, and a few are implemented in the workplace.

Information and education programmes comprised the bulk of interventions (see Table 8). The government, with its agencies and resources, has the potential to provide comprehensive ARH services, but programme implementation is inadequate. Most services were provided by NGOs, which have demonstrated relative success in the small communities and areas where they work. But NGO work is project-specific and small in scope. It can not address the problems of accessibility and availability of ARH services in most areas (NYDP 1994; POPCOM 2002).

4.1 Educational interventions

Government agencies and NGOs have provided RH information and education through counseling, training and dissemination of IEC materials in communities, schools and places of work (Osias 1999). Efforts have been taken to create a standardized curriculum on population and sexuality education, but adolescent health education has yet to be institutionalized.

Information and education interventions included lectures, workshops, discussions, trainings, and media-based activities. Most of these programmes focused on ARH, sexuality, and fertility issues. Very few programmes, however, catered to parents, guardians, or service providers. Thirty-eight (38) out of seventy-six (76) programmes were focused on the youth. Only four were designed for counselors

and school nurses. There was only one for NGOs, trainers, government agencies, and partners or parents (see Figure 4).

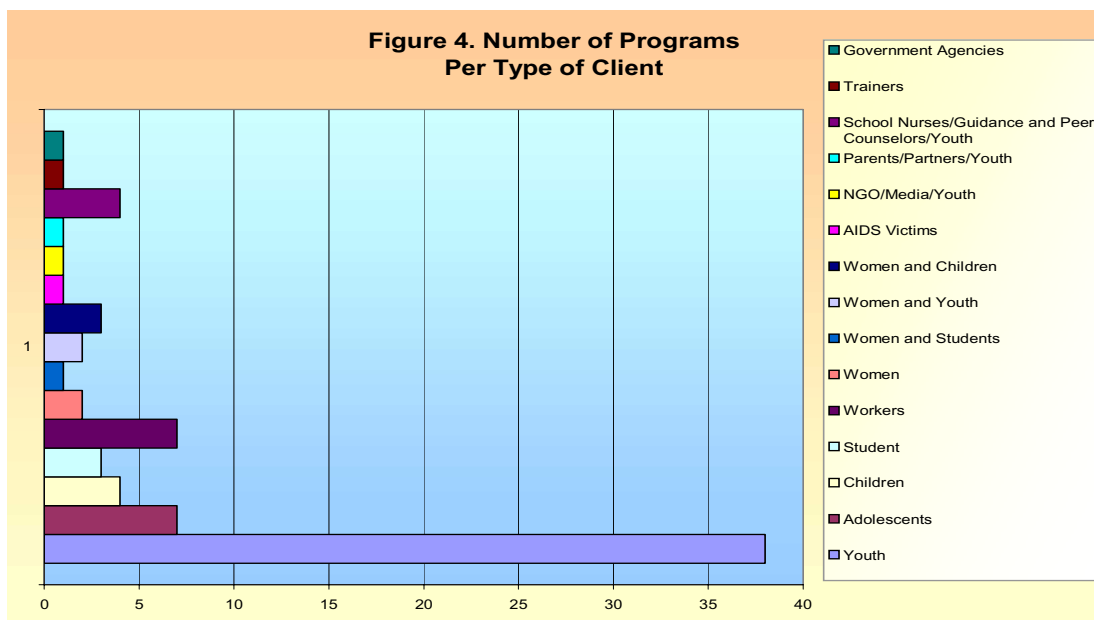
4.1.1 Information, education and training programmes

The government initiated its first ARH programmes more than 30 years ago. One of the major school-based programmes was the Population Education Program (POPED) in 1972 which was implemented through the Department of Education. This was introduced to all levels of formal education, whether public or private, through the assistance of the United Nations Population Fund (UNFPA).

During the start of the programme, the initial core areas of POPED were demography, determinants of population change, consequences of population change, human sexuality and reproduction, and planning for the future. Only after a programme review was conducted in 1978 did the focus change to small family size and family welfare, delayed marriage, responsible parenthood and family planning (UNFPA 1998).

Now, teachers were trained to use specific teaching materials for the curriculum, and incorporated it in five subject areas: social studies, science, health, mathematics, and home economics (Berja 1999).

Figure 4. Number of Programs Per Type of Client



In 1986, when the country's population policy changed, POPEL changed as well. It focused on family formation, maternal and child health, child survival or mortality or morbidity, enhancement of the status and role of women, population structure, distribution and urbanization, and fertility regulation (UNFPA 1998). The Department of Education tried to strengthen and revitalize the POPEL from 1996 to 1999. There was more active involvement of the Commission on Higher Education (CHED) and Technical Education Skills Development Authority (TESDA) in integrating the programme into the curricula of the three levels of the educational system (Berja 1999; UNFPA 1998).

The Commission on Population (POPCOM) also launched its own Adolescent Health and Youth Development Program (AHYDP) in 1995 to 1999 as an example of an inter-agency effort between government and non-government sectors. The programme addressed adolescents and youth in schools and communities. With funding from the UNFPA, it sought to prepare the youth for responsible adulthood by addressing ARH needs through its regional offices and other government and non-government agencies that have youth, health and

education components. The AHYDP was drawn based on its predecessors in population education. It also espoused positive life choices. It supported other adolescent programmes that provided information that would help the youth understand their sexuality, develop strong personal values, make responsible decisions and prepare for responsible adulthood and parenthood. It addressed teenage pregnancies, early marriages, and reproductive health problems of adolescents aged 15 to 24 years old. Specifically, "it aim[ed] to strengthen the coordination and monitoring of youth development programmes, create a favorable policy and synchronize training and delivery of IEC and counseling services for the youth" (POPCOM 1999).

Participating local governments in the AHYDP implemented 18 innovative projects to reach youth. These consisted of media outreach, skills training and enhancement, peer counseling, and support to other programmes and projects. The programme launched a nationwide IEC campaign called "Hearts and Minds" to reach young Filipinos with messages about preparing themselves for adulthood and parental responsibilities. Training modules on "Sexuality, Health and Personally Effective Adolescents (SHAPE)" for peer helpers and parents were produced

and widely utilized (POPCOM 1997).

Meanwhile, the Department of Health's Adolescent and Youth Health and Development Program (AYHDP), on the other hand aimed to institutionalize the provision of information, counseling and clinical services to adolescents and youth, including reproductive and sexual health issues and concerns. It also developed a training module and facilitator's guide for the Training Programme on Adolescents, for Health and Non-Health Service Providers and tried to integrate gender sensitivity-training and reproductive health in the secondary school curriculum (Department of Health, AYHDP n.d.). This program is different from POPCOM's AHYDP.

In addition to the government programmes, students receive RH information from school and NGO projects. One project is the University of the Philippines' Center for Women's Studies (CWS), which has an orientation activity for incoming freshmen students that includes giving out brochures on women's rights, reproductive health, and HIV/AIDS. The Institute of Women's Studies (IWS) of St. Scholastica's College provides RH education for women (CWS interview, 2003; IWS brochure n.d.).

Saint Mary's University (SMU) of Nueva Vizcaya has an ARH programme whose components include a teen centre, a radio program or "ARH on Air" entitled, "Lovingly Yours, Lea", symposia, and TV and radio advocacies. One major accomplishment of the university was the integration of ARH into the university's curriculum (SMU programme paper n.d.). SMU incorporates RH, FP and population development issues in their courses and subjects, especially in the College of Health Sciences. Since the 1960s, SMU has used FP concepts in theology subjects. FP education is also a requirement for graduation. During the late 1970s, FP and POPDEV were integrated in social science classes, including those at the elementary and high school levels of the SMU.

Meanwhile, the Ateneo de Naga University's Office of Gender Development (OGD) provides modules for formal and non-formal education and holds seminars, lectures, and fora on ARH (OGD brochure n.d.).

Community-based ARH programmes focus on leadership training, education and information distribution. The Youth in Action for Reproductive Health and Rights of the Development of People's Foundation Inc. (DPF) in Davao provides trainings, courses and

interactive activities. It also has advocacy performances called Anak Gender Watch that feature dances and skits, and has launched a Youth Summit with other organizations (DPF Activity Report 2001).

In Davao, the non-government group Kaugmaon has come up with its own community theater tour, puppet shows and life-skills building workshops for the youth. The centre has IEC materials and a mini library.

In the Bicol Region, the Mayon Integrated Development Alternatives and Services, Inc. (MIDAS) has a gender and sexuality education and awareness forum for adolescents. The Kabalikat ng Pamilyang Pilipino Foundation (Kabalikat) has Kabataan Reproductive Health and Sexuality Education for Street Youth (Kaugmaon nd; MIDAS nd; Kabalikat n.d.).

For the out-of-school youth (OSY), the Department of Social Welfare and Development (DSWD) implemented the Population Awareness and Sex Education Program (PASE). This programme was developed to address the problems of early marriage and unemployment among out-of-school youth. The Department of Social Welfare and Development was asked to prepare OSY economically and socially

to cope with their situation so that they could become responsible adults and members of the community. It collaborated with the Philippine Centre for Population and Development (PCPD), which provided materials and conducted lectures on sexuality, responsible parenthood and population-related issues (POPCOM 1996; UNESCO 1999)

POPCOM has also initiated trainings, workshops, seminars and other discussions on ARH outside of school. It has a more structured training approach, which includes a four-part training module dubbed SHAPE or Sexually Healthy and Personally Effective. This programme is still being implemented. Its main components include ARH, quality family life and responsible parenthood, youth empowerment and sustainable development, and peer helping and practical life skills. These components are offered through their regional offices and partner organizations (POPCOM 1997).

Most NGOs reach out to both in-school and out-of-school adolescents. The Foundation for Adolescent Development (FAD), for instance, has a campus-based but out-of-the classroom programme called SEXTERS or Socially, Emotionally, Sexually

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Responsible Teeners. This is a peer-led activity providing information, counseling, and referrals on adolescent reproductive health, sexuality and other issues. FAD has also launched a Life Planning Education and Vocational Skills Training Program, a community-based effort designed to alleviate the conditions of disadvantaged youth. It gives life planning education, vocational skills training and on-the-job training and job referrals.

The Family Planning Organization of the Philippines (FPOP) is another NGO that is active in educational interventions. FPOP increases the RH awareness of young people through its on-going Development and Family Life Education for the Youth (DAFLEY) project. Its approach focused on capability building workshops for adolescents, which will provide leadership and facilitating skills. It introduced a radio programme, "Love Letters Straight from Your Heart" on Davao's DXBM station. There has been an enthusiastic public response and many letters have been written to the station. Another programme, "Love, Sex, Marriage and Career" discussed more complex problems with the help of professional guidance counselors (POPCOM 2001).

The Options for Living Foundation Inc.

had the Pinoy Youth 2000 programme. It aimed to provide structured educational activities for in-school and out-of-school youth in Metro Manila and Region IV (POPCOM 1996). Reprowatch Youth Edition Newsletter was initiated by the Institute for Social Studies Action (ISSA) to promote awareness of reproductive health issues among adolescents (ISSA interview 2003).

NGOs have used innovative educational interventions as well. FAD's Entertainment for Education Programmes were a popular vehicle. FAD produces videos, theater plays, radio programmes and TV episodes. In 1996, FAD created three HIV/AIDS videos for young adults, five short films, and one MTV video. In 2002, FAD made five more teen videos with discussion guides. Its Teen Health Quarters also provides information and education for youth.

DKT Philippines Inc. has a Frenzy Mobile Outreach Team (FMOT) that caters to urban and semi-urban youth. Launched in 2001, FMOT provides mobile intervention activities that offer RH information to youth. Usually, its venues are places frequented by youth, such as schools, universities, communities, and concerts. Information about STI/HIV/AIDS, safe sex

practices, and RH are provided. FMOT uses multimedia tools, such as music and films, as well as games and discussions. Frenzy condoms, which DKT developed and distributes, are given out free of charge with an explanatory brochure. DKT also gives away stickers, caps, shirts, temporary tattoos, key chains, and pins to promote safe sexual behaviour (DKT Interview 2003).

Other NGOs have established youth or teen centres. The Remedios AIDS Foundation (RAF), for instance, has Youth Zone. In 1998 the Remedios AIDS Foundation opened a Youth Zone or youth centre at the Tutuban Mall in the heart of a shopping district in Manila. It has an average of 20 to 23 visitors a day. It offers seminars, plays, art exhibits, internet access and films that teach about RH and HIV/AIDS. This project grew out of a FGD in which the teens said they needed a place to hang out. The foundation chose a strategic location close to where most youngsters stay. Another Youth Zone was opened in Cebu City (RAF Accomplishment Report 2002).

In Baguio City, the Baguio Center for Young Adults Inc. (BCYA) worked with the POPCOM and the Population Center Foundation to establish a Multi-Service Youth Center to provide RH education to youth. Peer educators

are also being trained to teach young people, their parents and partner organizations.

The Kabalaka Development Foundation, Inc. (KDFI) in Negros Occidental established the La Carlota Teen Circle and La Castellana Teen Horizon in partnership with the local government through support from the David and Lucile Packard Foundation. Youth leaders are trained, counseling services are provided, IEC materials are developed and consultations are held.

The Women's Media Circle created XYZ, a multi-media campaign for young women largely concentrated in urban and semi-urban areas across the country. It launched a magazine supplement called XYZine; a radio programme, XYZone; and a book, "Body Talk: The XYZ Guide to Young Women's Health and Body." Under the AHYDP, it launched "XYZ for Young Pinoy Woman: A Media Campaign for the Protection and Empowerment of Young Women." They also produced six one-hour TV programmes that aired on a local station. And they co-produced three radio programmes on women's rights, suicide and sexual harassment (POPCOM 1999).

The Family Welfare Program (FWP) promotes and protects the welfare of

workers and their families through the integration of family welfare concerns at workplaces nationwide. The programme includes dimensions on reproductive health, responsible parenthood, medical and health care, and HIV awareness. The Working Youth Center of the Department of Labor and Employment (DOLE) also provides reproductive health education as part of the Leadership and Productivity Formation Program for young workers.

The Trade Union Congress of the Philippines (TUCP), which is the country's biggest labor union with 1.2 million members nationwide, created a Family Planning and Reproductive Health for Young Workers Program. It trains Young Adult Peer Educators (YAPE) to lead interactive discussion sessions and workshops for young workers aged 18 and 24 (Lee 2003).

In a study of workplace-based interventions, the TUCP highlighted two major points on the viability of putting up ARH programmes inside workplaces. First, the study says out-of-school youth may be more "susceptible" to sexual risks and are therefore in need of greater support. Second, the study pointed out that the youth are generally more comfortable dealing with people not part of the school system (Lee 2003). Lee adds that

there are limitations to using the school setting, but there is good potential in other venues, such as streets, parks, offices, hospitals, communities, and other alternative spaces that youth frequent.

4.1.2 Effective approaches

Some best practices can be gleaned from the interventions implemented by government agencies, educational institutions and NGOs. POPCOM succeeded in incorporating the AHYDP into the Philippine Population Management Program (PPMP). It was one of the flagship programmes of the National Youth Commission's Philippine Medium Term Youth Development Plan for 1999-2004. POPCOM implemented 18 innovative projects with the help of participating LGUs and NGOs. It also launched the "Hearts and Minds" IEC campaign in 1997, which according to results of FGDs in pilot areas, resulted to the youth's increased knowledge and understanding of ARH (POPCOM 1999).

Likewise, the revitalization of POPED saw the active involvement of the Department of Education, Commission on Higher Education (CHED) and the Technical Education and Skills Development Authority (TESDA) and made the programme more responsive

to the emerging needs of adolescents (PPMP 2001-2004). The Philippine Center for Population and Development (PCPD), together with the Department of Education, also institutionalized a Revitalized Home Guidance Program in 15 division leader schools in 15 regions nationwide. The project reported success in giving students skills in self-assertion, improved relationships with the opposite sex, better knowledge of STI/HIV/AIDS, courtship, friendship, dating, and other aspects of adolescence. Teachers indicated improved effectiveness in counseling students (POPCOM 1996).

Teen Centres are potential venues for sustainable educational interventions. Adolescents have a place where they can access IEC materials on ARH, avail of counseling services, get referrals for medical services, interact with peers, and share their talents and skills in addressing their group's concerns. Local leaders, parents and communities have started to recognize the importance of teen centres to adolescents. The local governments, for instance, of La Carlota City and Municipality of La Castellana have allocated funds for construction of the buildings and operational expenses for its two teen centres. Other

noteworthy examples are the Youth Zone of Remedios Aids Foundation in Manila and Cebu that are based in shopping malls and the Multi-Service Youth Center of BCYA.

SEXTERS, a classroom programme to nurture socially, emotionally, and sexually responsible teenagers, is also considered an effective approach. Its main strategy is to train peers to provide information, counseling, and referrals on adolescent health and sexuality. Through this project, a Trainers Guide for training potential peer educators has been produced and "school administrators support the programme because they recognize that their students can benefit from the information and counsel provided by enlightened peers" (POPCOM 2002).

Another approach worth noting in terms of its innovative social marketing strategies is the Frenzy Mobile Outreach Team (FMOT). It caters to urban and semi-urban youth. Its mobile intervention activities include creative information materials, the use of multimedia tools like music and films, games, give-aways and free condoms (DKT Interview 2003).

4.1.3 Effects of educational interventions

A comprehensive study of the results of different educational interventions has not yet been completed. However, assessments of some programmes and projects are available.

For instance, the IEC Impact Survey in Apayao, Kalinga, and Ifugao provinces showed that adolescents got information about STI/HIV/AIDS from film, radio, leaflets and comics (Zablan 2000). The study found that adolescent girls were more exposed to POPED (80.6%) than adolescent boys were (56.3%). Half of the adolescent girls said that they learned about sex from teachers (50%), while adolescent boys said they learned from friends (52.9%). Zablan also reported that more females were exposed to RH education than males were, but male adolescents were more sexually active.

The Basic Needs Assessment, which was conducted prior to UNFPA's Third Country Programme, revealed that POPED trained only 20% of the teachers in the country and distributed materials to only 10% of its target audience. Moreover, POPED material did not emphasize sex education and was focused on population issues at the macro and micro levels.

Activities such as the POPQUIZ, poster-making, essay writing contests, debates and symposia were not conducted regularly due to funding constraints. One identified weakness was the lack of guidelines for teaching specific topics. It was also noted that POPED integration failed to be strictly implemented in all specified subjects, and that teachers randomly decided when to teach it. In Catholic schools, for example, teachers could choose not to discuss topics that they thought were offensive to their faith (POPCOM 1996). One study revealed that some teachers covered male and female genitalia on charts when teaching human anatomy (Mendoza 1995). Moreover, "POPED was not taught as a separate subject and only 2% of the total 220 school days were spent for it" (POPCOM, 1996).

Given the limitation of the evaluation design, which focused on student's understanding of the concepts, it was difficult to attribute changes in premarital sex behaviour, early pregnancy and decline in fertility directly to population education. The results of the YAFS II (1994) showed that "the proportion of adolescents who had POPED in school had increased over the years from 50% in 1982 to 62% in 1994".

A study by the Commission on Population (1996) on selected non-government youth centres found that teen centres did a satisfactory job of informing young people on ARH. Based on the findings, clients became more aware about important issues, but the centres' activities were limited due to a lack of funds and organization. Also, there was a need to widen the geographic scope of the centres to respond to more young people.

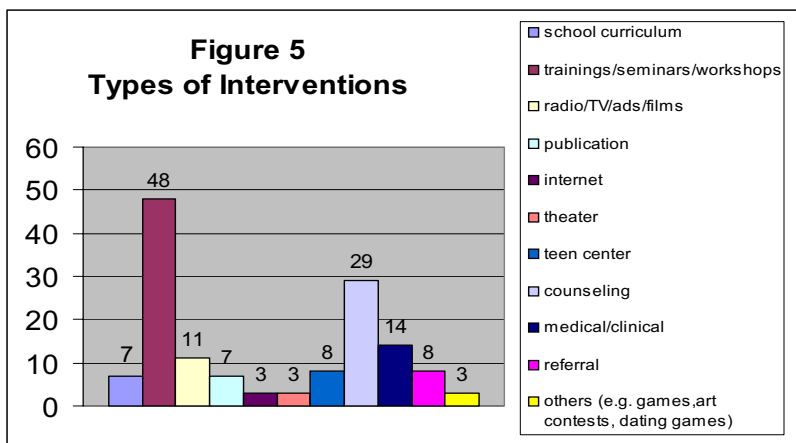
Much of the weakness in population education has purportedly been "hampered by adult concerns that knowledge will promote promiscuity among unmarried teens" (Osias 1999). The belief that RH education should be left to parents or adults still prevails, yet surveys show that the knowledge of adults about RH is very low (Osias 1999).

4.2 Service interventions

Most ARH programmes focus on education (see Table 8). If there are any services, most of them are provided by government health agencies and some NGOs. Of the services provided, counseling is the most common (see Figure 5). Only state hospitals and some clinics offer medical and RH services to youth. State hospitals do not have a specific health programme for adolescents. Usually, it is integrated in the overall health programme.

4.2.1 Available services

Counseling, referrals and some medical services are available to youth. Counseling is the most common service, followed by referrals and then medical services.



The Department of Health, together with other line agencies, NGOs and donors launched the Adolescent and Youth Health and Development Program (AYHDP) in 2001. This is an expanded version of the government's ARH programme, and it aims to integrate adolescent and youth services into the health delivery system. The goal of AYHDP is to promote the total health, well-being and self-esteem of young people. Specifically, it should increase coverage of basic health services, including counseling for adolescents and youth, to 70% nationwide. It should also establish specialized services for occupational illnesses, victims of rape and violence, and substance abuse in 50% of Department of Health hospitals. Lastly, it will establish resource centres or "one-stop-shops" for adolescents and youth in each province. It will address not only ARH but also nutrition, physical, mental and emotional well-being, communicable diseases, and disability (AYHDP n.d.).

Based on the Department of Health's observations, POPCOM and other organizations implementing ARH programmes focus more on sexuality and peer education than on medical and clinical services (Capuchino 2003). To complement existing initiatives, the Department of Health's programme has

addressed issues such as STI, maternal and child health, violence against women (VAW), nutrition and abortion. Capuchino adds that the Department of Health develops all the materials and disseminates them to regional health offices and local government units. Direct services are then provided at the LGU level.

The Department of Health had also launched a "Maternal Care Programme" and "Family Planning Programme". The first seeks to improve the quality of services to reduce morbidity among mothers during pregnancy, delivery and post-partum period. Adolescents are part of their clientele as they serve pregnant mothers who are between the ages of 15 to 49. The second programme provides family planning and related services and information, education/communication services and motivational campaigns. Unmarried adolescents can avail of pre-marriage counseling services (UNESCO, 1999).

Although POPCOM's main focus is training and information, they also provide services through clinics, counseling and private sector partnerships.

NGOs are the other service providers. The most popular service is counseling. In this literature review, there were

29 programmes and projects identified that provide counseling services (see Figure 5). The PCPD, Kaugmaon in Davao, Baguio Center for Young Adults, and PLAN Philippines offer either counseling or peer counseling and referrals to their clients.

The Maryknoll Foundation's Kasambuhay project for out-of-school youth, the Foundation for Adolescent Development's Dial-A-Friend, Caritas Manila's AIDS hotline, Adolescent Hotline Bicol and Saint Mary's University's telephone counseling services offer anonymity to those seeking advice about RH and other questions. Other organizations use the internet as a vehicle for counseling. FAD's teenfad.ph, an e-mail-a-friend counseling and referral system, provides the same services.

Besides counseling services, some NGOs have also put up youth centres, which are multi-service facilities that provide ARH information and services. These are strategically located in communities or hospitals. In Davao, the Family Planning Organization of the Philippines has the Davao Teen Center. The Tambayan Center for the Care of Abused Children Inc. has its Tambayan Center for counseling and other services. The Pag-asa Drop-In Center in Davao provides services for

adolescents who live on the streets. FAD has also established youth centres and health teen quarters in Quiapo, Santa Ana, Tondo, and Cavite, among other places, to cater to the youth's needs for counseling and services. This study identified eight teen centres found in different parts of the country.

Medical services are provided by only a few NGOs. The Mayon Integrated Development Alternatives and Services Inc. in Albay Province offers clinical, counseling and referral services. The Remedios AIDS Foundation maintains a clinic. Al-Mujadilah Development Foundation, Inc. in Marawi City provides pap smear tests, breast examination, pre- and post-natal care, childbirths, contraceptive methods, tubal ligation, referral for abortion, circumcision, and rectal exams.

The Women and Child Protection Unit of Davao, aside from documenting cases of violence, harassment and rape, also provides counseling and medical services as well. The Kabalaka Foundation in Negros has a teen centre for counseling and medical consultation. In the workplace, the Trade Union Congress of the Philippines (TUCP) has Family Welfare clinics which offer services and counseling within workplaces, such as factories (Lee 2003). This review identified 14 programmes

and organizations in different parts of the country providing medical services specifically for the youth.

Other organizations, such as DKT Philippines, do not provide direct medical services, but sell and give condoms to young people.

4.2.2 Project sites

Community services mostly provide counseling. POPCOM's Country Report (2002) found that ARH service coverage is generally low and there are not enough youth centres in the Philippines to meet the need.

Most services are located in urban areas, such as Metro Manila, Davao City and Baguio City. Most are community-based and very few are in schools or workplaces. This survey found that there are 42 community-based programmes, 13 school-based programmes and seven workplace-based ones. There are only nine programmes that are based in both schools and communities and only one such programme was found in a shopping mall. Most NGOs offer services in only a few barangays or communities because of lack of funds and human resources.

Government programmes, by contrast, have a national scope, but there are

difficulties with implementation. According to Dr. Capuchino (2003), for example, the AYHDP programme has not been fully implemented because the Department of Health lacks funding in some regions. Direct implementation and training of community health service providers are the responsibility of the LGUs who often lack the resources to go about it.

4.2.3 Services' impact

ARH services have had limited scope in reaching adolescents. This study has revealed, very few services can be found which are specifically catering to adolescent reproductive health. Most of the programs being implemented are information-based or IEC-centered, and rarely focus on service provisions.

According to an evaluation by POPCOM (1996) of Baguio Center for Young Adults, Manila Center for Young Adults, Cebu Youth Center, Davao Teen Center, the Teen Information Center in Tarlac, and the Iloilo Teen Center, there seems to be an increase in the number of young people reached by their ARH services. Clients rated their service operations as satisfactory. The centres were able to meet their clients' needs as shown by the limited number of cases referred to other agencies (POPCOM 1996).

However, the teen centres' impact as a whole was lessened because they only reached a limited geographical scope, which was mostly in urban areas. Adolescents in remote places have found it difficult to access ARH services. Lack of funds hampers NGOs and the government from expanding their services.

There are more information and education programmes than clinical and reproductive services on ARH being provided by the organizations which has reached 48 based on this study. Most of the services available are those of counseling, reaching 29. However, there are only 14 medical and clinical programmes being provided as based on the programmes surveyed (see Figure 5).

Teen centres and counseling services may increase awareness about contraceptives, reproductive health, safe sex and risky sexual behaviour, but there are few services available to help adolescents or to contraceptives, including condoms. This gap creates a challenge for adolescents and providers who want to help youth lead healthy reproductive and sexual lives.

In Cebu, for example, an assessment of adolescent health care structures found that only 69 of the 106 health facilities

provided ARH services (Borja 2001). These local health services and facilities are not enough to effectively address the needs of adolescents.

4.2.4 Sustainability of services

Of the ARH services and youth centres that exist in the Philippines, it is questionable how many of them are sustainable. Several are strong, such as FAD's Manila Center for Young Adults (MCYA), the Baguio Center for Young Adults (BCYA), the Cebu Youth Center (CYC), and La Carlota Teen Center and La Castellana Teen Horizon in Negros Occidental. They were able to diversify their sources of funds, access LGU funds, and not depend solely on donor support. These organizations asked for solicitations from big funding agencies and also from local governments and private individuals (PCPD 1993). But many NGOs rely on volunteer staff, which in the long run will affect their operations.

Though the government provides regular funds to their ARH programmes, the funding amount is small, especially at the LGU level. Other government projects are given greater priority than ARH, which is often incorporated into a more general health agenda. Also, funds are pulled from ARH to fund other projects that the

government deems more important or more urgent. For instance, during the 2003 SARS outbreak, ARH funds were channeled into the anti-SARS campaign (Capuchino 2003).

Organizations should find ways to increase and stabilize their resources to continue their ARH programmes. The Remedios AIDS Foundation, for instance, has considered charging a minimal fee for internet service in their centres and forging partnerships with companies to support the project. The Kabalaka's two teen centres have received support from the LGU, which helps to cover daily expenses, such as electricity. FAD also tapped the resources of the local government in Anabu Cavite and got free office space for its Teen Health Quarters (Berja 1999).

Based on the review of education and service interventions, the following has been observed.

- There are more ARH education and information programmes than there are ARH services in the Philippines. This review found a total of 76 ARH programmes in the country. Out of these, 33 were purely educational, 17 provided services, and 26 programmes offered a combination of education and services. If combined,

those that offer only services and those which offer both education and services, there will be a total of 43 programmes providing services for the youth. But most of these are counseling, and not medical services. In fact, there are only 14 medical and health services identified. (See Table 8)

- Most organizations provide education, information, and counseling on reproductive health, safe sex, and risky sexual behaviour, but their supply of contraceptives is very limited.

- Most organizations provide trainings, workshops and seminars. These are the most widely used and most common types of education interventions. The review of programmes revealed, there are 48 of such types, while in the service interventions, counseling posted 29 (see Figure 5).

- The few organizations offering services, especially medical ones, have difficulty sustaining them because they are donor-dependent.

- Both education and service interventions are concentrated in the urban areas, and adolescents in remote areas do not have access to them.

- The most innovative projects and programmes, although limited in scope,

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are being implemented by NGOs. Government programmes have the widest reach, but they are not yet implemented well at the local level.

- Most programme focus on adolescents, and very few cater to service providers, parents, and other ARH partners.

5. Policy environment

In the Philippines, population became government policy when the Population Act of 1971 or R.A. No. 6365 was enacted in 1972. This act established the National Population Policy. The policy's focus was the provision of family planning services and the reduction of population growth. In 1972, the act was amended through Presidential Decree No. 79, known as the Revised Population Act of the Philippines. The revised act re-emphasized the need to address the high rate of population growth and a national FP programme involving the public and private sectors was started. The Commission on Population (POPCOM) was created as an attached agency to the National Economic and Development Authority. The commission was tasked to carry out the purposes and objectives of the Decree and facilitate the coordination of policies and programmes related to population.

The introduction of the population policy generated various reactions and opinions. Some government officials did not approve of the provision to publicly provide Filipinos with contraceptive services. Despite this opposition, major changes have occurred over the years: a) growth of

family planning service delivery; b) the incorporation of population considerations into socio-economic development planning; and c) an increase in women's use of modern contraception from 2.4% in 1968 to 20.9% in 1998 (UNFPA 1999).

Another important policy, The Child and Youth Welfare Code or Presidential Decree No. 603, was enacted in 1974. This policy was in response to the increase in child abuse. It led to the creation of the Council for the Welfare of Children (CWC), an apex agency of the government for children's protection, welfare, and development. Its main responsibility revolves around the coordination and monitoring of the implementation of laws and programmes for children. Further, the decree provided the rules and regulations on the apprehension, investigation, prosecution and rehabilitation of youth offenders. It also imposes criminal liability on parents who cause or encourage the child to lead an immoral or dissolute life.

The 1970s and 1980s were full of political turmoil and martial rule was declared. As a result, little policy was introduced regarding population.

Sexual and Reproductive Health of Adolescents and Youths in the Philippines

However, during the 1990s, the country saw the enactment and implementation of several policies related to population and health. These policies focused more on children and women.

In 1992, the Special Protection of Children against Child Abuse, Exploitation and Discrimination Act or R.A. No. 7610 was enacted and implemented through the CWC. The act provided for stronger deterrence and special protection against child abuse, exploitation and discrimination as well as penalties. It covered "persons below 18 years of age or those over but who are unable to fully take care of themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition" (Sec. 3).

Closely related to R.A. No. 7610 is the Act Prohibiting the Employment of Children below 15 Years of Age in Public and Private Undertakings or R.A. No. 7658. This was enacted in November 1994 and has been implemented at the national level by the CWC. This act provided the rules, regulations, guidelines, exceptions and conditions for employing children younger than 15 years old.

After the 1994 International Conference

on Population and Development (ICPD) in Cairo, the youth and adolescents were finally recognized by the government as a priority group that had been underserved.

In 1994, an act creating the National Youth Commission or R.A. No. 8044 was enacted. The act established a comprehensive national programme on youth development and provided for the appropriation of funds.

Also, the Anti-Sexual Harassment Act of 1995 or R.A. No. 7877 was passed. It is a special law that names, defines, declares unlawful and penalizes sexual harassment in the workplace, education or training environment based on the premise that "the state shall value the dignity of every individual, enhance the development of its human resources, guarantee full respect of human rights and uphold the dignity of workers, employees, applicants for employment, students or those undergoing training, instruction or education."

The emphasis on family planning services was echoed in the 1996 Executive Order No. 307, Implementing Family Planning, to ensure the availability of information and services regarding FP, including natural family planning (NFP), at appropriate levels

adhering to standard of quality care promulgated by the national programme.

In 1997, the Anti-Rape Law or R.A. No. 8353 was enacted. This act was considered by many to be landmark legislation because it classified rape as a crime against a person under Title Eight of Act No. 3815 or the Revised Penal Code. It also recognized marital rape for the first time. Also enacted in 1997 was the Family Courts Act of 1997 or R.A. 8369. It mandated the creation of family courts and assigned to these courts the hearing and resolution of domestic violence cases against women and children including adolescents, as applicable to the laws.

Republic Act 8369 and R.A. No. 8044 focused on adolescents, but it was the Reproductive Health Policy or Administrative Order No. 43 (1998) that really paid attention to the youth and adolescents' reproductive health development. Closely related was the Administrative Order 1-A (1998). The Philippine Reproductive Health Program was created through this Administrative Order in response to the ICPD's Programme of Action, which "emphasizes the link between population and sustainable development and recommends a comprehensive

approach in formulating and implementing RH policies and programs." This adopted the 10 service elements of RH, including RH for adolescents, acknowledging that adolescents must be given attention because they are an underserved group. Through these policies the broadening of population policies and programmes beyond family planning was undertaken and a much closer collaboration among development agencies was pushed to attain the reproductive health objectives.

Yet even with such policies, it was evident that adolescents remained underserved when it came to the legislative arena. Policy-making was still very focused on women and children. Although some of these policies included youth and adolescents, the focus was not on their reproductive health.

A number of local policies were also enacted to complement efforts at the national level as well as ensure that local conditions are acted upon speedily and appropriately. The Women and Development Code of Davao City or Executive Order No. 24 is one example. This was enacted in 1998 to provide for the allocation of 30% from Official Development Assistance funds and 6% from local funds to women and

to gender-sensitive projects and programmes, including ARH.

The Anti-Domestic Violence Ordinance of Cebu City or City Ordinance No. 1933 which was passed into law in June 2002 is another example of local policy. This was considered a landmark legislation since it is the first local measure in the Philippines that penalizes perpetrators of domestic violence and provides protection to victims.

Concerned about the increasing incidences of rape, the government enacted the Rape Victim Assistance and Protection Act or R.A. No. 8505 of 1998. This act declares the “policy of the state to provide necessary assistance and protection for rape victims through coordination with various agencies and NGOs for the establishment and operation of rape crisis centres in every province and city”. The establishment and operation of the crisis centres is spearheaded by the Department of Social Welfare and Development, Department of Health, Department of Interior and Local Government, Department of Justice and leading NGOs.

In recognition of the AIDS problem, the government passed the Philippine AIDS Prevention and Control Act or R.A. No. 8504 (1998), which defines

AIDS and the extent of its gravity. The law emphasizes the need for strong state action, such as promotion of public awareness about the causes, modes of transmission, consequences, means of prevention and control of HIV/AIDS through a comprehensive nationwide educational and information campaign, and extension of support and full protection of human rights and civil liberties to every person suspected or known to be infected with HIV/AIDS.

In 1998, the Anti-trafficking in Filipino Women and Minors Act of 1998 was enacted. This act defines trafficking and “imposes punishment to those who engage in trafficking and ensures that victims are protected.” It also provides for measures for victims to be able to start a new life for themselves through counseling and livelihood programmes, task forces and legal protection.

In 2000, the Adolescent and Youth Health Policy (Administrative Order 34-A) was enacted and implemented by the Department of Health at the national level. It is a response to the identified need to develop a health programme that will specifically address the unique needs of adolescents (10 to 19), youths (15 to 24) and young people (10 to 24), which are considered special population groups. It aims to promote the total health, well-being and

self-esteem of adolescents and youth by promoting a safe and supportive environment, providing information, building skills and providing services.

A new bill is being discussed at the House of Representatives that would provide for a comprehensive programme on reproductive health. This is the Reproductive Health Care Act of 2002 (also known as House Bill 4110 or Senate Bill 2325). This act, which is national in its scope, has reached the second hearing at the Committee on Appropriations, and has already been approved at the Committee on Health. It is a response to certain reproductive health realities: the high rate of maternal and infant mortality; high unmet need for family planning; high incidence of abortion; more cases of VAW; infertility and sexual dysfunction; more cases of RTI, STI, reproductive tract cancers, gynecological conditions, and male RH disorders. It is also in response to the high incidence of RH problems and sexual activity among the young, few of whom receive treatment or use medical and family planning services.

This proposed bill has a specific focus on youth welfare because it aims to decrease teenage pregnancies, to inform and educate the youth on sexuality and RH concerns, to include education on

gender issues and sexual responsibility, and to address young people's RH needs (PLCPD n.d.). This is reflected in Sec. 5.f of the RH Care Act: "Develop and undertake reproductive health programs for adolescents...These shall include education of gender roles and values...access to maternal health care, including pre-natal, peri-natal and post-natal care and services for pregnant adolescents; and services geared towards the special reproductive health needs of adolescents including the marginalized, street children, sexually abused children, the differently-abled persons and out-of-school youth."

It seeks to improve the health and well-being of Filipinos by ensuring their right to RH care and their right to reproductive self-determination. A provision for adolescent RH programmes and services is also included.

The NGOs and RH advocates from the government, particularly legislators at the House of Representatives and Senate, have played an important role in drafting the bill as well as including it in public discussions.

This bill if passed into a law, will contribute greatly to the improvement of RH in the country, particularly ARH because it has special focus on

adolescents. Unfortunately, there is tremendous opposition from the Catholic Church and the conservative wing of the Philippine society, including legislators. They are lobbying against its passage because they see it as a possible

step toward legalizing abortion. Thus, until this comprehensive bill is passed, the Philippines policy environment will not be conducive to the development of ARH programmes given the socio-cultural and economic context.

6. Summary of findings on the RH status of adolescents

Profile

- Of the 76.5 million adolescents, 23% belong to the 10-19 age group; 20% are aged 15-25; and 15.6 million or 22% are of reproductive age.

- Average dating age is 15 years old.

Menarche

- Mean age at menarche is 13.44.

Fertility

- A fifth of all women age 15 to 49 did not know when they are fertile during their monthly cycle.

Sexual experience

- Dating is becoming more a venue for sexual intimacies and activity than for socialization among the youth.

- Average age of sexual debut is 18 years old.

- Number of young adults engaging in premarital sex (PMS) has steadily increased over the last decade (23% in 2002 or 4.9 million).

- PMS experience initiates or accelerates the process of marriage.

- An estimated 34% youth have multiple sex partners (1.6 million young people ages 15 to 27).

- Young male adolescents have a higher rate of homosexual activity than female adolescents, e.g. 5.1% vis a vis 1.8%.

- About 4.6% among Filipino youth have been paid for sex.

- About 10% of girls with PMS experience related that their first sexual experience happened without their consent.

Marriage

- Filipino youth marry at an early age, before 20 years old.

Contraceptive use

- Contraceptive use is low among sexually active adolescents; 74% or about 1.8 million do not use any contraceptive method.

- Condoms are the most used contraceptive method.

- Youth have poor knowledge of and low use of contraception methods (27% think that the pill must be taken before or after sexual intercourse).
- Only 4% young women can be considered knowledgeable on the subject of contraceptives and FP.

Early pregnancy

- One-fourth of all women begin childbearing by age 20.
- Less-educated women are more likely to bear children in their teenage years than their better-educated counterparts.

STI/RTI/HIV/AIDS

- Prevalence rate of gonorrhoea and chlamydia are higher among young people.
- Most cases of HIV infections among females happen at a younger age compared to males. About 47% of infected females are between 20 and 29.
- Six percent (6%) among 78% of sexually active male adolescents who had never used condom admitted to buying commercial sex (males are more likely to pay and be paid for sex).
- Majority of those engaged in

commercial sex do not use condom.

- Awareness of AIDS is high (95% of all Filipino youth stated that they have heard of AIDS).
- There is a misconception that AIDS can be cured (23% in 2002).

Related issues

- Increasingly, females are trying risky sexual behaviours (17% in 1994 and 30% in 2002).
- Youths' consumption of alcoholic beverages and use of illegal drugs has increased, e.g. 6% in 1994 and 11% in 2002.
- Young females appear to exhibit better judgment by not continuously engaging in risky behaviours (80% females who ever puffed a cigarette did not develop a habit).
- In-school youth have more knowledge on RH than out-of-school youth.
- Sex is learned from peers, media, X-rated films and parents.
- Media is the most common source of information about sex.
- Over 90% of adolescents aged 15 to

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24 believe that the government should provide FP services.

- Adolescents are generally conservative towards PMS and majority disapproved

of homosexual relations and abortion (males are more open to PMS).

- 89.82% of males would like a virgin bride.

7. Lessons learned

The key lessons learned from implementing ARH programmes come from the literature survey and key informant interviews.

On programme implementation

- ARH can be integrated in the curriculum, used as research and debate topics and as part of other requirements.
 - Adolescent sexuality and RH concepts should be integrated into the curricula of vocational and technical institutions to reach a wider youth audience.
 - Educators' and providers' facilitating skills should be improved to work with adolescents.
 - ARH programmes should focus not just on the physical health of the youth, but also on their psycho-social health.
 - Adolescents should be informed of the existence of ARH services and where these can be accessed.
 - The community and local officials should be educated about the importance of ARH so that they will be more receptive and supportive to the programmes initiated by government agencies and NGOs.
- Parents also need to be involved in ARH. They are the closest to adolescents and can provide guidance as needed. They must therefore be given knowledge and provided with communication skills.
 - In every activity concerning adolescents, it will be helpful to also get feedback from parents.
 - Budget limitations must not be seen as an ultimate constraint in implementing activities and programmes on ARH. There are innovative and creative projects that are also cost-effective.
 - Government programmes need official endorsement for smooth implementation.
 - More innovative information strategies should be used. For example, DKT Philippines has successfully penetrated the MTV generation through its ads and infomercials, which appeal to youth. They were able to educate without alienating the youth by using hip

language, music and images. DKT's infomercials on Frenzy Condoms appear on youth channels such as MTV and appear in youth magazines.

On strategies/approaches to delivery of services

- Peer education is an effective strategy to reach adolescents. Adolescents open up more to their peers than to adults or parents.
- In counseling, adolescents do not open up at once. Leeway must be given because they usually open up weeks after the first contact for help.
- It is common for the youth to be uncomfortable the first time they hear about ARH, but they eventually open up to serious discussions.
- Some Christian churches give limited training to youth and provide sexuality

education. It may be advantageous to focus on working with the Catholic Church as well as other religious groups.

- It is possible to work with Catholic schools in terms of ARH as long as both sides are culturally sensitive. For example, instead of pushing for the campaign slogan "A-abstinence, B-Be Faithful and C-Condom" in Catholic schools, the "C" was labeled "live life like Christ" instead of "condom".
- If a service provider is effective, then teenage clients pass knowledge on to their friends, families and other teenagers and are actually practicing what they have learned.
- It is easier to mobilize the youth through IEC promotion, advocacy and cultural activities. These are appropriate avenues because they give them something to do and a way to ask questions.

8. Issues and challenges

The following are important issues and challenges to implementing ARH programmes.

- Local officials and barangay officials are often cynical about ARH. They refuse to acknowledge that ARH-related problems exist.
- Some parents, particularly those residing in rural areas, do not allow their children to participate in ARH-related activities.
- The Catholic Church is posing tremendous opposition to ARH-related activities and policies, especially the RH Bill 4110, and exerting various efforts to influence the parents, general public and local officials.
- Sangguniang Kabataan (SK) projects are mostly focused on sports and infrastructure, rarely on ARH.
- It is difficult to coordinate with LGUs because they are mostly understaffed and have limited budgets. The tendency is to be too dependent on the population officer.
- ARH is not a priority among LGUs. Prioritization depends on the needs,

response and readiness of population officers.

- When it comes to ARH, there are usually no takers from NGOs in the provinces. They think that ARH is the concern of the Department of Health and other NGOs.
- Only a few NGOs are implementing direct ARH services.
- Generally, the government gives limited funds to ARH because it is just one of the ten elements of RH. It is still under “Reproductive Health.”
- It is very difficult to mainstream ARH in policies and budgets.
- The Department of Health does not have a protocol or guidelines for adolescents’ accessing direct clinical services, such as family planning. They have access to counseling services.
- There are adults at service points who are not sensitive to adolescents’ needs and feelings. This is a big challenge—how to make adults, particularly service providers, understand adolescents.
- There is no mechanism for evaluation

of the implementation of the Department of Health's AYHD programme.

- Often, adolescents don't want to be seen by other people going into a teen centre, especially if they are teenage pregnant mothers. Hence, it's hard to convince adolescents to avail of services at the public health facility level.

- Currently, there is no Technical Working Group for adolescent health. It would help to have one, particularly for decision-making, but it would also be hard to maintain one without the commitment of people. People won't get involved unless they are given something in return.

- The government is hesitant to take a stand on ARH because it is concerned about the Catholic Church.

- NGOs tend to work in isolation and the challenge is to bring them together.

There are more than 150 NGO members in Metro Manila, and the majority works with street children.

- There is a need for a national school curriculum that integrates sex and health education and addresses the concerns of young people.

- There is no carefully designed programme of ARH counseling and service delivery or guidelines.

- Services are needed to prevent unwanted consequences of adolescent sexual activities (early marriages, STI and pregnancies).

- The competence of service providers in dealing with adolescents, especially in terms of technical capability and attitude, is insufficient.

- There is a need to address the economic conditions of adolescents which affect their daily survival.

9. Recommendations

The following recommendations are based on the literature review and key informant interviews.

9.1 Educational interventions

- A specific protocol or set of guidelines allowing for the provision of FP and clinical services to adolescents should be formulated by the government together with the NGOs at the national level.
- The media should be educated about ARH concerns and issues so that the media will be more responsible and accurate when providing information to youth.
- There should be opportunities for vocational skills training and jobs-skill training to assist out-of-school youth.
- Parenting education should start early, before children reach adolescence, and become parents themselves. It should also be integrated into the curriculum for ARH.
- There should be a real sex education undertaken by different institutions, such as schools, families, and churches because they all reach adolescents.

9.2 Service interventions

- Continuous recruitment and training of peer counselors is needed.
- Educational and information services should be appropriately matched with services, such as access to contraceptive methods with condoms offered, at the minimum.
- Adolescents should receive life skills training to improve their thinking processes and decision-making abilities, to empower them, and make them more participative in community affairs.
- Teen centres should be established in every municipality so that youth can avail of services and have a venue for learning more about ARH.
- Other venues for ARH programmes should be explored, such as the streets, parks, offices, hospitals and other alternative spaces that youth frequent.

9.3 Leadership and governance

- At the local level, the knowledge of Sangguniang Kabataan (Youth Council) members should be increased about the need for more youth-oriented projects,

including ARH. They should be motivated to use SK funds for ARH-related projects.

- Local funding sources should be explored for ARH projects. Sources could include Parent-Teachers' Associations (PTAs), companies catering to young people, LGUs, schools, philanthropists, alumni associations, and civic organizations.

- There should be careful consideration of how to work with the dominant Catholic Church to address ARH concerns because the Church has institutions that can be used as vehicles for educating parents, youth and providers.

- Programme implementors should coordinate and integrate their initiatives to complement each other's works (to avoid duplication and scattered ARH services).

- There should be a comprehensive and integrated ARH programme at the national and policy level to strengthen its implementation, to have a bigger impact and to become sustainable.

- There should be strategic business plans to sustain ARH projects even without donor assistance.

- LGU-specific research should be conducted, particularly on ARH, so that ARH projects will be more acceptable at the local level.

- Adolescents should be trained to become leaders, especially at the National Youth Commission.

- There should be advocacy for the formulation of policies at the provincial level that would institutionalize ARH programmes and activities.

9.4 Role of international organizations

- There should be greater donor coordination in developing, implementing, monitoring and evaluating ARH programmes to avoid duplication of activities and maximize available resources. The WHO could help facilitate this process.

- In undertaking project review or studies that will cut across all countries, international organizations should be more flexible in the framework or format, particularly the indicators that will be used, to allow for the rendering of country-specific experiences without losing the global perspective.

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- The WHO can also work with different government organizations/agencies as well as non-government organizations in facilitating integration of programmes on adolescent reproductive health at the national level.

Annex 1. Studies/papers on adolescent reproductive health

Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
1. Contextual Factors Affecting Risk-related Sexual Behavior Among Young Adults in the Philippines	Perceptions on sex, sexuality & gender	Metro Manila Iloilo	Health Action Information Network	1994-1996	Unpublished	Qualitative (formal interviews/ FGDs)	HAIN
2. Cebu City-Highlights of the 1995 Census of Population	Socio-demographic profile of Cebu City	Cebu City	National Statistics Office (NSO)	1995	Published (part of the Highlights of the 1995 Census of Population)	Report (Quantitative)	NSO
3. Issues in Adolescent Sexuality	Discussion on adolescent sexuality & related concerns (e.g. ethical issues, legal & policy implications)		Prof. Thelma Lee-Mendoza (UP CSWCD) Prof. Elizabeth A. Pangalangan (UP College of Law)	1995	Published	Qualitative	
4. Marawi City-Highlights of the 1995 Census of Population	Socio-demographic profile of Marawi City	Marawi City	National Statistics Office (NSO)	1995	Published (part of the Highlights of the 1995 Census of Population)	Quantitative	NSO
5. Qualitative Data Relevant to Aids Prevention Gathered from Sex Workers, Injecting Drug Users, and At-Risk Youth in Cebu	Knowledge & attitudes related to AIDS & STDs; sexual practices; drug use & injection practices; condom use	Metro Cebu City	Ramon Aboitiz Foundation, Inc. (RAFI)	January 1995	Unpublished	Qualitative	AIDS Surveillance & Education Program, USAID & Path Foundation, Philippines
6. Baguio City-Highlights of the 1995 Census of Population	Socio-demographic profile of Baguio City	Baguio City	National Statistics Office (NSO)	1995	Published (part of the Highlights of the 1995 Census of Population)	Quantitative	NSO

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
7. Assessment & Evaluation of the Adolescent Fertility Management Program (Nov. 1995-Dec. 1996)	Assessment & evaluation of program operations (e.g. education, counseling, networking & referral system)	Baguio City		1995-1996	Unpublished	Report	
8. Facts and Figures on VAW	Data on VAW (incest, rape, effects of VAW on women's lives, health consequences)		Women's Crisis Center	1995-1998	Published	Fact sheet	David and Lucile Packard Foundation
9. MARHIA	Teenager's questions about sex; ARH-related issues		Institute for Social Studies & Action (ISSA)	Jan-March 1995	Published	News Magazine	ISSA
10. Perceived Health Risks of Contraception & Pregnancy & Risk-taking Behavior of Filipino Men & Women: Do They Differ?	Perceptions of the health risks of contraception & pregnancy, variations in perceived reproductive & contraceptive health risks, perceptions on the health impacts of the timing of pregnancies, values & disvalues of children		Marie Joy D. Baltazar	June 1995	Unpublished	Qualitative	Evaluation Project at University of North Carolina Ford Foundation (Manila) Mellon Foundation
11. Reproductive Health Risks & Fertility Decision-making in the Philippines	Data on timing of pregnancies, birth intervals, childbearing, health risks, contraceptive use	Nueva Ecija Metro Manila	Aurora E. Perez John B. Casterline Ann E. Biddlecom Marie Joy B. Arguillas	Dec. 1995	Unpublished	Survey	

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
12. 1994 Young Adult Fertility Survey (YAFS II)	Socio-economic background of adolescents, demographic & socioeconomic characteristics & residential history education, friendship & dating, marriage, sex & contraception, pregnancy & childbearing, reproductive health & HIV	Nationwide	University of the Philippines Population Institute	1996	Published	Nationwide Survey	David & Lucile Packard Foundation
13. Karapatan ng Bawat Batang Pilipino (The Rights of Every Child)	Rights & responsibilities of every child		UNICEF	1996	Published	Primer	UNICEF
14. HIV/AIDS KAPB Survey: Findings from Young Adult Samples	Knowledge, attitudes, practices & behavior as they relate to HIV/AIDS risk	Bontoc, Iloilo, Tacloban & Cotabato	External Consultants (Michael L. Tan, et, al.)	1996	Unpublished/ Selected Findings	Survey	Department Of Health (DOH)
15. Evaluation of the Multi-Service Youth Centers in Selected Areas	Needs of adolescents that are being addressed by centers, perceptions about center staff, services, etc., impact of youth center on youth	BCYA MCYA Teen Info Center in Anaao, Tarlac Iloilo Teen Center Cebu Teen Center Davao Teen Center	POPCOM	March 1996	Unpublished	Report	POPCOM
16. Adolescents Want to Talk About...: A Qualitative Study in Preparation for the Implementation of Adolescent Health & Youth Dev't Program, "Counseling-on-Air"	Adolescent profile in Western Visayas; concepts of gender & homosexuality, adolescent socialization, relationships, sex & sexuality	Iloilo Antique Capiz Negros	POPCOM VI Buas-Damlag Youth Foundation, Inc. (BDYFI) HANAS Cooperative	March 1996	Unpublished	Qualitative Study	POPCOM Buas-Damlag Youth Foundation, Inc. (BDYFI) HANAS Cooperative

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
17. Adolescent Health & Youth Dev't Programme: Youth Programs & Projects	Needs & potentials of the Filipino Youth, current programs & projects, gaps, issues & areas for dev't in Adolescent Fertility, Sexuality and RH care	Nationwide	POPCOM	March 1996	Unpublished	Report	POPCOM
18. AHYDP Community Needs Assessment Survey	Identified problems of the youth; agencies w/ programs for the youth	Nationwide	POPCOM	March 1996	Unpublished	Survey	POPCOM
19. SWS-NYC Study on the Situation of Youth in the Philippines	Characteristics, attitudes, values, needs, aspirations & problems	Nationwide	Social Weather Stations (SWC)	April 1996	Published	Representative Survey	National Youth Commission (NYC)
20. Basic Training on Psychosocial Interventions for Street Children Service Providers	Understanding the street children, basic psychosocial interventions for street children, skills enhancement workshop & back home application	Nationwide/ Philippines	Community & Family Services International (CFSI) & National Project On Street Children (NPSC)	1997	Published	Manual	AUSAID & UNICEF
21. The Social Mapping of Asian Youth At Risk: An Example from the Philippines	Demographic or compositional changes	Nationwide/ Philippines	Peter Xenos & Corazon Raymundo	1997	Published	Paper/ Article	Honolulu East-West Center
22. HIV/AIDS Risk in the Philippines: Focus on Adolescents & Young Adults	HIV/AIDS risk, sexual behavior, demographic surveys & contraception	Nationwide/ Philippines	Deborah Balk, et. Al.	1997	Published	Paper/ Article	Honolulu Program on Population, East-West Center
23. Sexuality & RH Concerns among Campus-Based Adolescents	Info on young people's relationships, lifestyles, practices; views on getting the right info	Metro Manila	Romeo B. Lee, Ph.D. (Behavioral Sciences, De La Salle University, Manila)	April 1997	Unpublished	Qualitative Needs Assessment (FGDs & interviews)	Foundation for Adolescent Dev't

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
24. Action for Adolescent Health Towards a Common Agenda	Framework for Country Programming for Adolescent Health	International (role of donors)	WHO UNFPA UNICEF	May 1997	Published	Program for Action	WHO
25. Hearts & Minds: Reaching out to young Filipinos through IEC	Main platform, core IEC themes, workplan, activities		POPCOM V	November 1997	Unpublished	Information Kit	UNFPA
26. Correlates of Sexual Abstinence Among Urban University Students in the Phils.	Data on sexual abstinence, knowledge on AIDS, pregnancy risks, contraceptive use	Metro Manila	Romel Saulog Lacson, Theocharis R. Theocharis, Robert Strack, Francisco S. Sy, Murray L. Vincent, Trinidad S. Osteria & Pilar Ramos Jimenez	Dec. 1997	Published	Quantitative	
27. From Words to Action	Data on HIV penetration into Asian & the Pacific Countries		HAIN	1997-1998	Published	Guide	UNDP
28. UNFPA Fourth Country Programme (Support to the Adolescent Fertility & Youth Dev't Programme 1994-1998)	Demographic, social & health sit., Adolescent Fertility & Youth Dev't Programme Framework, project strategy, activities & workplan	Nationwide	UNFPA	1998	Unpublished	Country Programme	UNFPA
29. Adolescent Sexuality	Sexuality, sex education, reproductive health, sexual behavior & contraception	Nationwide	Women's Feature Service, Philippines (Aurora Perez & Penny Azarcon-de la Cruz)	1998	Published	Booklet	UNFPA (FOR NCRFW)
30. Summary of FGD Results	Results of FGD among youth beneficiaries, adult & parents, school counselors, local partners & other institutions	Baguio City	Institute of Social Order, Social Dev't Complex, Ateneo De Manila (for BCYA)	1998	Unpublished	Report	BCYA

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
31. Sex and Sexuality	Sexuality & related concepts; young adults' definitions of love, views on courtship, mutual understanding (MU)		Michael L. Tan	1998	Published	Qualitative	UNFPA
32. Situation Of The Youth In The Philippines 1998	Background information on the youth, major problems, major programs & policies, gaps, challenges & recommendations	Nationwide	National Youth Commission (NYC)	1998	Published	Situationer Report	NYC, Philippines
33. Philippine Medium-Term Development Plan 1999-2004	Needs of in-school, out-of-school youth, working & youth with special needs	Nationwide	NYC	1998	Published	Report	NYC, Philippines
34. Girl Children Have Rights Too!	Info on Phil culture & family, poverty, health & nutrition, adolescent pregnancy & early motherhood, HIV/AIDS & other STDs, violence & abuse, education and child labour	Nationwide	UNICEF	March 1998	Published	Report	UNICEF
35. Male Involvement Through RH Awareness in Bukidnon Province, the Philippines	Results of community survey on RH awareness; inventory of health services; results of FGDs & interviews	Bukidnon Province	Population Council Manila, with the Department of Health	June 1998	Unpublished	Report	USAID
36. Abortion as a Public Health Issue in the Phils.	Info on abortion experiences of Filipino women, abortion consequences, health services, ethics of abortion	Metro Manila, Cebu Nationwide (other articles)	Dr. Corazon Raymunco, Dr. Josefina Cabigon, Dr. & Zelda Zablan (UPPI) Rosena Sanchez Jose Dante Marcos Eliseo de Guzman Josephine Avila	June 1998	Published	Quantitative & Qualitative	Task Force on Social Science & RH, Social Dev't Research Center, De La Salle University

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
37. Workshop on Adolescent Health	Overview on adolescent health status (e.g. mental health, alcohol & substance use, health service delivery, STDs)	Western Pacific Region	World Health Organization	October 1998	Unpublished	Report	WHO Regional Office for the Western Pacific
38. Knowledge of HIV/AIDS Among Young Adults in Region VII	Literature on youth, sexuality & sex education; impact of STDs/HIV/AIDS; incidence of HIV/AIDS; youth profile (Region VII); awareness & knowledge of HIV/AIDS	Region VII	Fiscalina Amadora-Nolasco	1999	Published	Quantitative & Qualitative	
39. A Guide for Trainers & Facilitators on Adolescent Sexuality, Health & Dev't (Modules 1-9)	Info on step-by-step methods/processes in conducting trainings on adolescence & related issues such as sexuality, health & dev't		Foundation for Adolescent Development, Inc. (FAD)	1999	Published	Module	UNFPA
40. Communication & Advocacy Strategies on Adolescent Reproductive & Sexual Health in the Philippines	Demographic profile, fertility, teen pregnancies, sexual behavior, STD, contraception, policy & programme responses, advocacy & IEC strategies & successful organizations	Nationwide	Department of Sociology, University of the Philippines (Clarinda Berja)	1999	Published	Case Study (Documentary Review)	UNESCO Regional Clearing House on Population Education and Communication
41. 1999 Annual Report of the Technical & Policy Division	Adolescents & Youth	Nationwide	UNFPA	1999	Published	Annual Report	UNFPA
42. Results of FGD (Negros Occidental, 20 - 21 April 1999)	Data on problems affecting the youth & their needs	La Carlota City, Negros Occidental	KABALAKA Dev't Foundation, Inc.	1999	Unpublished	Report	KABALAKA Dev't Foundation, Inc.
43. Youth Power, Health & Dev't	Youth sit., info on the Adolescent Health & Youth Dev't Programme	Nationwide	POPCOM	1999	Published	Report	UNFPA

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
44. Phil. Experience on Adolescent Reproductive Health Policies & Programs: Advocacy for & Practices on Policy & Program Including Genesis, Current Status & Future Direction	Youth & adolescent sit., ARH sit., info on violence & abuse, prostitution, street children, juvenile delinquency, current policies & programs	Nationwide	Tomas M. Osias (Executive Dir., POPCOM)	1999	Unpublished	Report	POPCOM
45. How are the Filipino Youth Changing? (The Shifting Lifestyles of our Nation's Young 1970s to 1990s)	Info on youth's lifestyles, cultures, values, expectations, media & political exposure, education & work, gender & sexuality, ARH status		Nimfa B. Ogena, Ph. D.	1999	Published	Qualitative	
46. Understanding Filipino Adolescents: Research Gaps & Challenges	Profile of adolescents, diff. definitions of 'adolescent', ARH-related issues (marriage during adolescence, childbearing during adolescence, contraceptive use, etc.)		Josefina V. Cabigon, Ph. D. (UPPI)	1999	Published	Qualitative	
47. Adolescent Sexuality in the Philippines	Youth profile, data on dating, PMS, conception status, substance use, RH problems, etc.	Nationwide	Corazon M. Raymundo Peter Xenos Lita J. Domingo	1999	Published	Quantitative	UNFPA
48. A Review Of Policies, Programs & Research on RH of Filipino Youth		Nationwide	UPPI (Grace T. Cruz & Corazon M. Raymundo)	January 1999	Unpublished	Paper	

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
49. The Impact of The Cordillera Administrative Region IEC Program on the RH Knowledge, Attitudes and Behavior of Single Adolescents		CAR	UPPI (Zelda C. Zablan)	January-December 1999	Published	Journal Article	Philippine Social Sciences Review
50. Reprowatch Youth Edition	Articles on rape, incest, women's health, youth practices		Institute for Social Studies & Action (ISSA)	January 1999	Published	News Magazine	ISSA
51. AIDS Action	Info on safer sex; program for adolescents, HIV, policies & rights		Health Action Information Network, Philippines	July-Dec. 1999 July-September 2000	Published	Guide (newsletter)	HAIN Phils.
52. BCYA in Action	Info on BCYA programs & accomplishments		BCYA	September 1999	Published	Newsletter	BCYA
53. Adolescent Education Newsletter	Articles featuring programs for the youth (e.g. teen centers, projects)			Dec. 1999 (vol. 2) June, Dec. 2000 (Vol. 3) June, Dec. 2001 (Vol. 4) June 2002 (Vol. 5)	Published	Newsletter	
54. 2000 Family Planning Survey	Data on contraceptive use (modern & traditional methods), CPR (Contraceptive Prevalence Rate) & FP services	Nationwide	National Statistics Office	2000	Published	Quantitative	NSO
55. M'ranao Youth: Views on RH & Sexuality	RH sit of M'ranao adolescents & young adults, practices (courtship, marriage), domestic violence & incest	Marawi City Lanao Del Sur	Yasmin Busran-Lao Alma E. Berowa Norania M. Acmad Aminoding B. Limpao (Al Mujadilah Dev't Foundation)	2000	Published	Qualitative & Participatory (FGDs, KIIs, in-depth interviews, participant observation)	Ford Foundation

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
56. Changing Our Lives	Info on an ECPAT project for Filipino youths	International	End Child Prostitution, Child Pornography & the Trafficking of Children for Sexual Purposes-Int'l Young People's Participation Project (ECPAT-IYPPP)	2000	Published	Report	ECPAT-IYPPP
57. A Profile of Child & Woman Abuse in the Province of Albay, 1994-1999	Physical & sexual abuse among children & adolescents	Province of Albay	Social Action Center-Diocese of Legaspi	2000	Published	Documentary review	Children & Youth Foundation of the Philippines
58. Women and Men in Bicol Region	Data on population & families, work, econ. Participation, agri & agrarian reform, education, health & FP, social welfare, public life, migration, public order & safety & VAW	Bicol	National Statistical Coordination Board	2000	Published	Quantitative	POPCOM V
59. BCYA First Annual Report (Sept.-Dec. 2000)	Info on BCYA program accomplishments	Baguio City	BCYA	2000	Unpublished	Report	UNFPA
60. Functional Literacy, Education & Mass Media Survey (flemms)	Education indicators among youth	Nationwide	National Statistics & Coordinating Board (NSCB)	2000	Published	Survey	National Statistics & Coordinating Board (NSCB)
61. Sex Trade in Matnog: An Exploratory Study	Incidence, patterns, causes & consequences of prostitution among adolescents	Matnog, Province of Sorsogon	Ateneo Social Science Research Center, Ateneo de Naga University, Naga City	2000	Unpublished	Qualitative	Women's Health & Safe Motherhood Project-Partnerships Component, DOH & EU in the Philippines

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
62. Articles of Foundation for Adolescent Dev't	Youth health sit., sexuality, AIDS, family relations, child exploitation, cancer, drug abuse, FP; programs available (e.g. counseling, hotline)		FAD Web	2000 2002 2003	Published	Article/ Report	
63. Reproductive Health, Rights, Ethics & Law for Health Professionals	Discussions on how to treat adolescents, RH rights/policies		Rebecca J. Cook	2000	Published	Report (Proceedings)	Reproductive Health, Rights and Ethics Center for Studies & Training (ReproCen)
64. Consolidation & Analysis of ASRH FGDs (2000-2001)	Views/opinions of adolescent on sex & RH; views/opinions of parents regarding adolescent sex & RH	Davao City	Development of People's Foundation (DPF)	2000-2001	Unpublished	Report	DPF
65. Body & Soul Questions for Tomorrow's Women	Info on adolescent sexuality, data on teenage pregnancy, PMS; views on abortion		Women's Feature Service (Philippines), Inc.	July 2000	Published	Quantitative / Qualitative	Ford Foundation
66. Body & Soul: A Forum On Adolescent Sexuality	Religion & reproductive health of adolescents	Nationwide	Women's Feature Service (WFS) Philippines, Inc.	July 2000	Published	Forum Report	Ford Foundation
67. Youth In Action For Reproductive Health & Rights	Consultations, forums, stories, training & monitoring	Davao City	Development of People's Foundation, Inc. (DPF)	Oct-Dec 2000	Unpublished	Activity Report	David & Lucile Packard Foundation
68. Cases Against Women	Data on VAW cases	Zamboanga City	PNP Zamboanga City Police Office	Oct. 15-Nov. 14, 2000	Unpublished	Report	PNP Zamboanga City Police Office
69. Street Children Project	STD & pregnancy among children & adolescents	Metro Manila	Maria Luisa de Leon-Miranda	October-December 2000	Published	Article	PLCPD
70. Soroptimist International of Baguio Quarterly Report	Data on VAW cases	Baguio City	Soroptimist International of Baguio	Oct.-Dec. 2000	Unpublished	Quarterly Report	Soroptimist International of Baguio

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
71. Sexual Experiences of the Filipino Youth: Demographic Patterns & Attitudinal Correlates	Data on youth's sexual experiences & mass media experience, religious orientation, lifestyles	National Capital Region Balance Luzon (areas outside of NCR but w/in Luzon) Visayas, Mindanao	Gerardo A. Sandoval (SWS)	Nov. 2000	Unpublished	Survey (Quantitative)	SWS
72. The 2000 IEC Impact Survey in Apayao, Kalinga and Ifugao Provinces	IEC activities for adolescents, prevention & management of RTIS/STD/HIV/AIDS of single adolescent boys & girls	Apayao, Kalinga & Ifugao Provinces in the Cordillera Administrative Region (CAR)	Demographic Research & Development Foundation, Inc., UPPI (Zelda C. Zablan)	December 2000	Unpublished	Survey & qualitative, e.g. FGDS	UNFPA-AECI
73. Gender Violence: Its Socio-Cultural Dimensions	Articles on girlfriend battering, student prostitution, incest & child abuse		Violeta Bautista, Rachele Layda, Alicia Molina, Fritzie Ramos, Maricar Savella, Prescilla Tulipat	2001	Published	Qualitative	Ford Foundation UCWS Gender, Reproductive Health & Dev't Project Book Series
74. Menstruation & Sexual Maturation: A Case Study in Selected Schools of Mindanao	Sexual maturation; menstruation		Institute of Primary Health Care, Davao Medical School Foundation	2001	Unpublished	Qualitative/ FGDS	Rockefeller Foundation
75. Health Situation of Filipino Youth	Data on ARH (e.g. pregnancies, STDs, maternal death, , infant/child mortality, violence/sexual abuse, abortion)	Nationwide	Dir. Rose D. Marcelino	2001	Unpublished	Report	
76. Youth in the Philippines: A Review of the Youth Situation and National Policies and Programs	Youth health, policies & programs	Nationwide		2001	Published	Situation Analysis Report	UN

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
77. Bodytalk: The XYZ Guide to Young Women's Health & Body Vol. 2	Info guide on lesbianism, marriage, STDs & AIDS, contraception, RH of adolescents, rape & sexual harassment, pornography & VAW; discussion on laws & rights, health services		Stella G. de Dios, MD; Rina Jimenez-David; Karen Kunawicz, Susan Grace Pineda-Mercado, MD, MHA; Nora Rodriguez-Cortez, MD, FPDS Anna Leah Sarabia	2001	Published	Guide	Women's Media Circle Foundation, Inc.
78. Building Young Visionaries-Course 3: Gender-Fair Counseling for ARH & Rights	Inputs on sex & gender, sexuality, ARH & rights		Development of People's Foundation	2001	Unpublished	Manual	Development of People's Foundation
79. Trust & Power: Child Abuse in the Eyes of the Child & the Parent	Abuse on children & adolescents	Malate, Dakota & Leveriza Streets	UP-CIDS-PST (Elizabeth Protacio et, al)	2001	Published	Participatory Action Research	Italian Cooperation for Development
80. Working With Abused Children: From the Lenses of Resilience & Contextualization	Abuse, resilience & responding to challenges	Metro Manila	UP-CIDS-PST (Violeta Bautista, et. al)	2001	Published	Qualitative/life story interviews	Save the Children-UK
81. KABALAKA Dev't Foundation, Inc. Accomplishment Report (Aug. 17-Nov. 16, 2001)	ARH-related activities & programs (e.g. teen centers, peer education)	La Carlota City & La Castellana in Negros Occidental	KABALAKA Dev't Foundation, Inc.	2001	Unpublished	Report	KABALAKA Dev't Foundation, Inc.
82. "Recollection, ARH Orientation & Leadership Training"	Info on Saint Mary's University's (SMU) programs & activities involving the youth	SMU	SMU	2001	Unpublished	Report	SMU

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
83. Documentation of PARDEV's Study Tour in Nueva Vizcaya	Info on ARH-related activities, programs, plans and services	Region II Nueva Vizcaya	Ana Cecilia Alejo, Lemuel Cacho, Englebert Dator, Dainty San Jose, Ma. Lourdes Kathleen Santos & Jubeth Joy S. Santuyo	2001	Unpublished	Report	
84. St. Mary's University	Info on SMU's ARH-related programs, activities & services; ARH data	Nueva Vizcaya		2001	Published (in the Rafael M. Salas Population & Dev't Award 2001)	Report	
85. "Love & Desire: Young Filipinos & Sexual Risks"	Discussions on sex, gender, sexuality, courtship, marriage & love	Manila Iloilo	Michael Tan Ma. Theresa Ujano Batangan Henrietta Española	2001	Published	Qualitative	Ford Foundation
86. Research on the RH Problems of Street Girl-Mothers in Selected Areas of Metro Manila	Info on streetchildren's ARH concerns (e.g. menarche, sexual debut, pregnancy, substance abuse, STIs, FP; present conditions)	Pasay Quezon Manila Caloocan	Medecins Sans Frontieres-Belgium (in the Phils.' Streetchildren Project)	2001	Unpublished	Descriptive	Medecins Sans Frontieres-Belgium
87. Abortion in the Phils: Being illegal does not make it rare	Abortion estimates, link between unwanted pregnancy, contraceptive use & abortion; policy implications of abortion	Nationwide	UPPI Demographic Research & Dev't Foundation, Inc.	2001	Published	Quantitative / qualitative	David and Lucile Packard Foundation
88. The McCann Youth Study 2000	Data on youth environment, activity trend	Luzon, Visayas & Mindanao	McCann-Erickson Philippines	2001	Unpublished	Quantitative	McCann-Erickson
89. Abortion in the Phils: Being illegal does not make it rare	Abortion estimates, link between unwanted pregnancy, contraceptive use & abortion; policy implications of abortion	Nationwide	UPPI Demographic Research & Dev't Foundation, Inc.	2001	Published	Quantitative / qualitative	David and Lucile Packard Foundation

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
90. Key Facts about Adolescents & RH	Global statistics on unplanned pregnancies, STDs & reproductive needs	International	EngenderHealth	2001	Published	Article from EngenderHealth the web	
91. Adolescent & Youth Health & Dev't Program (AYHDP)	Strategic framework for AYHDP; implementing guidelines, workplan 2001-2010	All health facility levels	DOH	2001	Unpublished	Manual	DOH
92. Unsafe Abortion in the Philippines: A Threat to Public Health	Profile of women w/ abortion experience, RH status of these women, level of abortion, consequences of abortion	Manila Cebu Davao Tuguegarao	Corazon M. Raymundo Zelda C. Zablan Josefina V. Cabigon Grace T. Cruz Clarinda L. Berja	2001	Published	Quantitative & qualitative	Ford Foundation
93. Childhood & Child Rights Study Series	Referral system for child abuse cases including adolescents	Nationwide	Writers (Arlyn G. Verba & Faye A.G. Balanon)	2001	Published	Monograph	Save the Children (UK) & UP CIDS PST
94. Plan Philippines Milestones (2001-2002 Annual Report)	Info on Plan's programs for children aged 6-12 & 13-17	Nationwide	Plan Philippines	2001-2002	Published	Report	Plan Phils.
95. Medium Term Dev't Plan 2001-2004 (Baguio City)	inclusion of Adolescent Health & Youth Dev't in advocacy areas	Baguio City		2001-2004	Unpublished	Plan	
96. Adolescent Health and Youth Development	Adolescent demographic & socio-econ profile, reproductive behavior of adolescents & youths, approaches & lessons learned	Nationwide	POPCOM	2001-2004	Published	Part of the PPMP Directional Plan 2001-2004 (Quantitative and qualitative)	
97. "Time to Act: Needs, Options, Decisions," State of the Phil. Population Report 2000	Data on RH, ARH and population, Highlights of RH/ARH-related programs in the Phils.	Nationwide	POPCOM	January 2001	Published	Report	POPCOM
98. Youth in Action for RH & Rights	Experiences in youth leadership & advocacy on sexual & Rh & rights, lessons, accomplishments	Davao City	Development of People's Foundation, Inc.	Jan-Oct. 2001	Unpublished	Activity Report	David & Lucile Packard Foundation

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
99. Sa Pagdadalaga, Bigyang Pansin Ang Mga Pagbabago Sa Katawan	Adolescent reproductive & sexual health	Nationwide	ISSA	May 2001	Published	Booklet	David & Lucile Packard Foundation
100. Rapid Impact Evaluation of Kabalaka Development Foundation, Inc.	Youth development	La Carlota & La Castellana, Negros Occidental	External Consultant (Adonis A. Sucalit)	June 2001	Unpublished	Evaluation Report	Kabalaka Development Foundation, Inc.
101. Adolescent Reproductive Health & Family Planning Practices in La Carlota City & La Castellana		La Carlota City & Municipality of La Castellana, Negros Occ.	Business Resource Center, University of St. La Salle, Bacolod City (Carmen Peralta-Benares)	June 2001	Unpublished	Descriptive-explanatory (quantitative & qualitative)	Kabalaka Development Foundation, Inc.
102. Baseline Survey on the Knowledge, Attitudes, & Practices of Adolescents & Adults on Reproductive Health	Reasons for Sexual Initiation, Contraceptive Use, STD, Substance Use, Violence & Sexual Abuse among students in four high schools	Baguio City	Division of Social Sciences, University of the Philippines, College Baguio	June 2001	Unpublished	Survey	UNFPA
103. Coming of Age Under the Threat of HIV/AIDS: The Experience of Filipino Adolescents	Sexual initiation, multiple sex partners, commercial sex, invulnerable youth, HIV, same-sex sexual practice	Nationwide	AIDS Action (Elma Laguna)	July-December 2001	Published	Newsletter	HAIN & Healthlink Worldwide, UK
104. The Participatory Planning Process: Research Utilization & Plan Formulation for Adolescent RH in Southern Leyte		Southern Leyte	UPPI (Zelda C. Zablan & Josefina V. Cabigon)	August 2001			

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
105. Correlates of Symptoms of Sexually Transmitted Diseases Among Female Street Adolescents in Drop-In Centers in Davao City	STD, physical abuse, multiple sexual partners, lack of contraceptive use, substance abuse & sexual abuse	Davao City	External Researchers (Jetty Jet Rioja Lu, Regina De La Paz-Ingente, Marie Aimee Hyacinth Bretana)	October 2001	Unpublished	Cross-Sectional Study	
106. HIV/AIDS Country Profile Philippines 2002	HIV/AIDS situation in the Phils.; data on HIV/AIDS awareness & prevention; info on effects of HIV/AIDS; responding to HIV/AIDS & challenges	Nationwide	Health Action Information Network (HAIN)	2002	Published	Quantitative	Phil. Nat'l Aids Council (PNAC) & United Nations Joint Programme on HIV/AIDS in the Phils. (UNAIDS-Philis.)
107. Facts About Adolescents from the Demographic Survey: Statistical Tables for Program Planning, Philippines 1998	Urban-rural residence & population distribution; educational enrolment & attainment; marital status; sexuality & childbearing, work status; awareness & use of contraceptive methods	Nationwide	Population Council, Inc.	2002	Published	Survey descriptive statistics	United Nations Foundation
108. Responding to Youth Sexual & Reproductive Health Challenges: Work-Based Reproductive Health for the Working Youth	Knowledge, attitudes & practices of young workers, communication plan on youth sexual & reproductive health, Young Adult Peer Educators, & youth-friendly services & facilities	Nationwide	Trade Union Congress of the Philippines (TUCP)	2002	Published	Article /Annual Report	David & Lucile Packard Foundation & UNFPA
109. Philippines Country Report	Adolescent socio-econ profile, health sit., health risk behaviors, policy & programs, initiatives & best practices	Nationwide	POPCOM	2002	Unpublished	Report	POPCOM

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
110. Integrating Child-Centered Approaches in Children's Work	Adolescence, adolescent sexuality, deviance & peers	Nationwide/ Philippines	UP-CIDS-PST (Elizabeth Protacio-De Castro, et.al)	2002	Published	Documenta- tion report	Save the Children-UK
111. Working Youth's Reproductive Health Knowledge, Attitudes, ad Behavior: Implications for Workplace- Based Intervention	Profile of adolescent workers & sexual & reproductive health knowledge, attitudes & practices	Metro Manila & Metro Davao	TUCP	2002	Published	Survey/ Structured Interview	UNFPA
112. Rebuilding Shattered Lives and Dreams (From State of the Filipino Children 2002)	Disabilities, child labor, sexual abuse & exploitation & HIV infections	Nationwide	Council for the Welfare of Children	2002	Published	Report	UNICEF
113. Love in the Time of Ina Morata	Views on love, marriage, gender, sexuality, romance from the point of view of those who married at a young age	Manggahan & Maburol (Zambales)	Amaryllis T. Torres	2002	Published	Qualitative	Ford Foundation
114. 4.9 million young adults have engaged in PMS	data on PMS (e.g. consequences surrounding first sex, practices)	Nationwide	UPPI & Demographic Research & Dev't Foundation	2002	Unpublished	Press Release	David & Lucile Packard Foundation
115. Talkpoint (Issue Nos. 57-62)	Data on adolescent health & dev't, RH problems	Global/local	Phil. Legislators' Committee on Population & Dev't Foundation, Inc. (PLCPD)	2002	Published	Factsheet	Ford Foundation
116. Sa Totoo Lang! (Ang Katotohan Tungkol sa RH Care Act, SB 2325 & HB 4110)	Discussion on RH issues (abortion)		Ma. Cecilia De Los Reyes-Ferrer	2002	Published	Primer	Phil. Legislators' Committee on Population (PLCPD)

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
117. The Journal of Reproductive Health, Rights & Ethics	Discussions on health seeking behavior among young women & men, pre-marriage counseling programs		Reproductive Health, Rights and Ethics Center for Studies & Training (ReproCen)	2002	Published	Report (Proceedings)	Reproductive Health, Rights and Ethics Center for Studies & Training (ReproCen)
118. La Castellana Teen Horizon	Peer counseling, sexuality education	La Castellana, Negros Occ.	Kabalaka Development Foundation, Inc.	2002	Unpublished	Case Study	ICOMP Malaysia
119. La Carlota Teen Circle	Peer counseling, sexuality education	La Castellana, Negros Occ.	Kabalaka Development Foundation, Inc.	2002	Unpublished	Case Study	ICOMP Malaysia
120. Barangay Policy Forum (Workshop Outputs)	Identified RH problems in the community & policy/legislative actions	Tabaco City		February 2002	Unpublished	Report	
121. Filipino Youth Seeking Moral Compass	Views/perceptions of youth on morality	Nationwide	UPPI & Demographic Research & Dev't Foundation	April 2002	Unpublished	Press Release	David & Lucile Packard Foundation
122. Adolescent Reproductive Healthcare Programs & Services in Iloilo City's Public Health System: Stakeholders' Concepts, Perceptions and Recommendations	Stakeholders concept of ARH	Iloilo City	Mary Barby Penacerrada Badayos (De La Salle University)	July 2002	Unpublished	Exploratory Qualitative Graduate Thesis	Personal
123. What Barangay Officials Can Do to Set Up a Child-Friendly Locality	Guidelines for setting up a child-friendly barangay, assessment instruments	Nationwide	Plan Phils. DSWD DILG Liga ng mga Barangay Council for the Welfare of Children UNICEF NEDA	September 2002	Published	Booklet	UNICEF

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
124. Arrested Development: The Level of Discernment of Out-of-School Children & Youth	Level of discernment & moral development of 300 out-of-school children & youth ages 7 to 18	Manila, Caloocan, Las Piñas, Paranaque, Pasay, Taguig & Quezon City	Philippine Action for Youth Offenders (PAYO)	September 2002	Published	Survey/ Quantitative and qualitative/ in-depth interviews	UNICEF Manila
125. The youth are not alright	ARH data (risky sexual behavior)	Nationwide	UPPI & Demographic Research & Dev't Foundation	Dec. 2002	Unpublished	Press Release	David & Lucile Packard Foundation
126. 2002 Young Adult Fertility & Sexuality Study	Data on sexuality & RH of Filipino youth, premarital & early sex, abortion, RH problems such as STDs, commercial sex, homosexuality, unsafe sex practices	Nationwide	UPPI DRDF	Dec. 2002	Unpublished	Nationwide Survey (Quantitative/Quick Results)	David & Lucile Packard Foundation
127. No more weddings for young pinoy	data on youth in a live-in arrangement, views of adolescents on marriage & living-in, advantages & disadvantages	Nationwide	UPPI & Demographic Research & Dev't Foundation	Dec. 2002	Unpublished	Press Release	David & Lucile Packard Foundation
128. Filipino young adults see bleak future	Young adults losing hope in the future; influences on young adults' lives	Nationwide	UPPI & Demographic Research & Dev't Foundation	Dec. 2002	Unpublished	Press Release	David & Lucile Packard Foundation
129. Kikay Kit: Kaalama't Impormasyon Sa Katawa't Kalusugan Nating Youth	Adolescent reproductive & sexual health	Nationwide	Institute For Social Studies & Action (ISSA)	2003	Published	Booklet	David & Lucile Packard Foundation
131. ISSA (Newsletter)	Global and local data on ARH (e.g. pregnancy, contraception)		Institute For Social Studies & Action (ISSA)	2003	Published	Newsletter	Ford Foundation
132. Working Youth's RH Knowledge, Attitudes & Behaviour: Implications for Workplace-Based Interventions	Youth profile; knowledge & attitudes on sexual & RH; love relationships, dating, sexual & non-sexual behavior	Metro Manila, Metro Davao	Trade Union Congress of the Philippines (TUCP) & the United Nations Population Fund (UNFPA)	2003	Published	Survey / quantitative	UNFPA

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
133. Filipino Adolescents in Changing Times	Literature on the psychology & culture of adolescent life; results of KIIs & FGDs (e.g. adolescents' experiences & views on sex & sexuality)	Rural & urban areas; public & private schools	Ma. Cecilia Gastardo-Conaco, Ma. Carmen C. Jimenez & Cherrie Joy F. Billedo	2003	Published	Qualitative (in-depth FGDs & KIIs)	University Center for Women's Resources & Phil. Center for Population & Dev't
134. Protecting Women & Children: A Handbook on Community-Based Response to Violence	Includes stories & statistics on physical & sexual abuse among adolescents	Nationwide	Center for Reproductive Health Leadership & Development, Inc. (Maria Leny E. Felix & Regina De La Paz-Ingente)	2003	Published	Handbook	Ford Foundation
135. 2002 Young Adult Fertility & Sexuality Study (YAFSIII)	background of adolescents, demographic & socioeconomic characteristics, residential history, population education, friendship & dating, marriage, sex & contraception, pregnancy & childbearing, reproductive health & HIV	Nationwide	University of the Philippines Population Institute	2003	Preliminary Findings/Press Release Published	Nationwide Survey	David & Lucille Packard Foundation
136. Filipino youths truly at risk with more liberal views...	Data on sexual debut, premarital sex & contraceptive use	Nationwide	Perla Aragon-Choudhury	2003	Unpublished	Report	
137. Case Studies Of ARSH	Demographic characteristics, programme responses, advocacy & IEC lessons learned & guidelines	Philippines	ARSH Web	2003	Published	Case Study Report	
138. GAD plan & budget, province of Albay	Programs & activities on gender & RH with youth as target audience	Albay		2003	Unpublished	Plan	
139. 400,000 abortions in RP yearly despite ban	Data on abortion	Nationwide		Jan. 2003	Published	Article (from the Sunday Times)	

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Title	Content	Geographical Sites/Focus	Principal Investigator/s Author/s	Publication/ Manuscript Date	Published/ Unpublished	Study/ Paper type	Funding Source
140. Pananaw (Vol. VIII No. 1)	Info on student prostitution		Fritzie Franchette Ramos Maricar Gay Savella	Jan-Mar 2003	Published	Article	University Center for Women's Studies
141. Population Infoclips	Population data	Bicol	POPCOM V	Jan-Mar 2003	Published	Newsletter	POPCOM V
142. Survey reveals increasing feminization in adolescent risk behaviors	Narrower gender gap in risk behaviors, experimental nature of risk behavior	Nationwide	UPPI & Demographic Research & Dev't Foundation	March 2003	Unpublished	Press Release	David & Lucile Packard Foundation
143. Forum on HB 4110	Questions of the youth on RH	Albay	Mayon Integrated Dev't Alternatives & Services, Inc. (MIDAS)	May 2003	Unpublished	Report	MIDAS

Annex 2. Programs/projects on adolescent reproductive health

Title	Implementor	Period of Implementation	Focus	Key Features	Approaches	Location	Geographical Sites	Target Clients	Funding Source	Status of Implementation
1. 5th Country Program for Children	Government	2002-2004	Violence against children	Rescue, recovery and reintegration assistance, networks, child protection	Prevent abuse, neglect, exploitation, violence and discrimination against children	Community-based	National	Children	UNFPA, GOP	Completed
2. Adolescent and Youth Health and Development Program (AYHDP)	Department of Health (DOH)	2001-2010	Nutrition, physical/emotional/mental status, reproductive health, sexuality, reproduct infection, responsible parenthood, maternal/child health, communicable diseases, mental health, disability	Medical services, counseling, training, integration of GST in secondary schools, resource centers, one-stop-shops,	Integrate adolescent and youth health services into the health delivery systems	Community, Hospital, and school-based	National	Youth	GOP	On-going
3. Adolescent Fertility Management Program	BCYA	1995-1996	Fertility, ARH	Alternative education, film showing, discussions, parenting classes, counseling, referral	Generation of ARH info and development of adolescent facilitators	Community-based	Baguio City	Adolescents	AUSAID, UNFPA, DOH	Completed
4. Adolescent fertility management program	Popcom	1983-1992	Fertility, early marriage, teenage pregnancy, sexuality	Counseling, centers	Close coordination with GOs and NGOs in addressing ARH	Community	National	Youth	USAID	
5. Adolescent Health and Youth Development Program (AHYDP)	Commission on Population (POPCOM)	1995- 1999	Teenage pregnancies, early marriages, and reproductive health problems of adolescents	IECradio spots, info kits, brochures, symposia, contests, on-air counseling and youth camps, publications	Coordination and program monitoring, synchronize training and delivery of IEC and services	School and community	National	Youth 15-24	UNFPA	Completed
6. Adolescent Hotline	Bantay Familia, Inc.	2002-present	Responsible adolescent behavior	Phone counseling, referrals, training	Counseling	Community	Naga City (26 brgys)	Youth		On-going
7. Adolescent Program on HIV/AIDS Prevention	BCYA	1994-1997	HIV/AIDS	Information	IEC approach on HIV/AIDS prevention	Community-based	Baguio City	Youth	Philippine HIV/AIDS NGO Support Program	Completed
8. Adolescent Sexual and Reproductive Health Program	Mayon integrated Development Alternatives and Services, Inc. (MIDAS)	2003-2005	Gender, sexuality, fertility, RH, HIV/AIDS	Education, awareness, fora, symposia, peer education, clinical services, referral, counseling, training and youth camp	Education and services for the youth, and training for health service providers	Community-based	Bicol	Youth	Philippine Ngo Support Program (Phansup), Eu	On-going

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Title	Implementor	Period of Implementation	Focus	Key Features	Approaches	Location	Geographical Sites	Target Clients	Funding Source	Status of Implementation
9. AIDS Hotline	Caritas Manila		AIDS	Hotline, education, advocacy, networking, primer, comics	Education and counseling on AIDS for the youth	Community-based	Metro Manila	Youth		On-going
10. Building Sustainable Advocacy Network for RH	PNGOC on Population, Health and Welfare, Inc.	1998	Population, health, welfare	NGO advocacy network, media network	Strengthening local NGOs in their advocacy role for a gender-responsive RH program	NGO-based	National	NGO, media, youth	UNFPA	
11. Campus-based "SEXTERS" (socially, emotionally, sexually, responsible teeners) program	FAD		Sexuality	Peer-led activities, information, counseling, referrals	School-based and out-of-the classroom program	School-based	Metro Manila	Youth		On-going
12. Community-based and adolescent-centered RH project	DepEd, City Health Offices	3 years	RH, gender-fair healthcare, STD/HIV/AIDS	Alliance, networking and advocacy, capability building, healthcare promotions, services and community organizing	Promotion of adolescent-centered RH and responsible sexual behaviors; enable partners to provide IEC; prevention of STD/HIV/AIDS	Community-based	Metro Manila and Batangas City	Adolescent		Completed
13. Community-Outreach School Health Programme	Department of Health (DOH)	1988	Reproductive health	RH assessment exam	Medical services	School-based	Dr. Jose Fabella Memorial Hospital	P. Gomez Elementary School, Grade 4-6 pupils, 9-12 years old		On-going
14. Counseling for the Youth	Kaugmaon Center for Children's Concerns Foundation, Inc (KCCFI)		ARH	Counseling, referrals, IEC, community theater tour, puppet shows, workshops and mini library	Information and counseling	Community-based	Davao	Youth		On-going
15. Crisis Counseling Services	Center for Women's Studies (CWS)		VAW, RH, gender, sexual harassment,	Information kit, brochures, counseling	IEC	University and community-based	Quezon City	Women and University Students	RH/VAW pamphlets-Ford Foundation	On-going
16. Crisis management program	Office of Gender Development, Ateneo de Naga University		Domestic violence, rape, sexual harassment	Counseling, info		School-based	Ateneo de Naga	Students		On-going
17. Davao Teen Center (DAFLEY)	Family Planning Organization of the Philippines (FPOP)		Reproductive and sexual health care	Face to face or telephone counseling, training, workshop	Counseling and medical health services	Community-based	Davao City	Youth		On-going

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Title	Implementor	Period of Implementation	Focus	Key Features	Approaches	Location	Geographical Sites	Target Clients	Funding Source	Status of Implementation
18. Development and Family Life Education for the Youth (DAFLEY)	Family Planning Organization of the Philippines (FPOP)	1988-present	Reproductive health, gender equality, and responsible parenthood	Counseling, workshops, radio counseling program	Counseling and information	Community-based	Davao City	Youth		On-going
19. Developing & mobilizing peer educators for ARH	Baguio center for young adults, inc. (Bcya)	2000-2003	Adolescent reproductive health	Training, IEC, referral, workshops, radio guesting, video showing	Awareness for young people, parents, and partners on ARH	Community-based	Baguio City	Youth Parents Partners	UNFPA	On-going
20. Dial-a-Friend	Foundation for Adolescent Development, Inc. (FAD)		Young people's health and sexuality needs and their lifestyle concerns	Telephone counseling	Youth counseling	Community-based	Metro Manila	Youth		On-going
21. Drop-In AIDS Prevention Center	KPPF		HIV/AIDS	Counseling, testing, treatment	Provide an integrated package of services	Community	QC, Manila	AIDS victims		On-going
22. Entertainment for Education Programs (Enter-Educate)	FAD	1996 and 2002	Young people's health and sexuality needs and their lifestyle concerns, and HIV/AIDS	Videos, theater, radio and TV episodes	Using entertainment for education	Community and school-based	Metro Manila	Youth	David and Lucille Packard Foundation, John Hopkins University, Program for Appropriate Technology in Health (PATH)	On-going
23. Family Planning/Family Welfare Program	Trade Union Congress of the Philippines (TUCP)	1984	Population, reproductive health	Training, medical clinic, services, counseling	Provision of youth-friendly services and facilities	Workplace-based	National	Workers	UNFPA	On-going
24. Family Welfare Program	DOLE		Family welfare	Training, policy advocacy	Integration of family welfare concerns at the work places	Workplace-based	National	Workers, including young workers		On-going
25. Feminine Hygiene Education program	DepEd and Kimberly Clarke Phils., Inc.	1994	Feminine hygiene	Training	Training of school nurses to counsel and lecture on physiological and biological changes of boys and girls	School	Regions	Youth, school nurses	Kimberly Clarke and DepEd	On-going
26. Fertility and Sexuality Relationship Education for Adults Responsibility (FEFAR)	Christian Children's Funds (CCF)		Fertility, sexuality	5-day training of trainers	Training for communicators	Community-based	Metro Manila	Trainers		On-going

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Title	Implementor	Period of Implementation	Focus	Key Features	Approaches	Location	Geographical Sites	Target Clients	Funding Source	Status of Implementation
27. FP/RH for Young workers	TUCP		ARH	Training, services, education		Workplace-based	National	Young Workers		
28. FP/RH Program	POPCOM	Until 2004	RH, FP	Integrated RH/FP package in all DOH hospitals, health clinics	Provide quality health services	Community-based	National	15-24 years old	GoP, USAid, UNFPA, UNICEF, JICA, etc.	Completed
29. Frenzy Mobile Outreach Team (FMOT)	DKT Philippines, Inc.	2001-present	ARH, STD/HIV/AIDS, safe sex practice	Multi-media mobile intervention team, music, films, video, ads, games, discussions, condoms, interactive website, IEC, dating game	Multi-media approach in reaching the youth	Community and school-based	Metro Manila	Urban youth and semi-urban youth	David and Lucille Packard Foundation,	On-going
30. Guidance Counselors Training	Catholic Educational Association of the Philippines (CEAP), and POPCOM		ARH, sexuality	Training	Training of guidance and peer counselors in schools in youth counseling for the integration in college guidance programs	School-based		Guidance and peer counselors, Youth		
31. Human sexuality education	OGD, ADNU		Sexuality, morality	Modules, formal and non formal educ		School		peer counselors, youth		
32. Information and Counseling Program on Sexuality for the Young Workers at the Export Processing Zone	Philippine Center for Population and Development (PCPD)	1983	Sexuality	Counseling, lectures, symposia	Information and counseling for young workers	Work-based	Export Processing Zone	Young workers		
33. Integrated Family Planning and Maternal Health Program	Government	Until 2002	FP, RH	Revised training curriculum, FP/RH campaign, research, contraceptive distribution, surveys	Raise health status of women and children by reducing unmet needs for FP services	Community-based	National	Women and Youth	USAID (P3.17B)	Completed
34. Integrated Human Resource Development Program for the Youth	DSWD-Bureau of Child and Youth Welfare		Fertility, RH, STD, HIV/AIDS	Training	Population awareness	Community		OSY, 15-24		On-going
35. Integrated Survival and Development of Children 13-17 years old	PLAN Philippines	2000-2005	RH		Promotes secondary/vocational educ & awareness on RH	School	National	13-17 years old		On-going
36. Kasambuhay	Maryknoll Foundation		Out-of-school youth	Counseling	Counseling services for out-of-school youth	Community-based	Metro Manila	Out-of-school youth		On-going

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Title	Implementor	Period of Implementation	Focus	Key Features	Approaches	Location	Geographical Sites	Target Clients	Funding Source	Status of Implementation
37. Kabataan Reproductive Health And Sexuality Education For Street Youth	Kabalikat Ng Pamilyang Pilipino Foundation (KPPF)		RH and Sexuality Education	IEC, training		Community		Street Youth		
38. Manila Center for Young Adults	Foundation for Adolescent Development (FAD)	1984 to present	HIV-AIDS education & prevention; Resource center for adolescent health & sexuality	Lectures, symposia, video presentations, group discussions	Sexuality education; Support mechanism for peer counseling training; Resource center on ASRH	School-based	University belt area in Manila	College students aged 16-24		On-going
39. Life Planning education and Vocational Skills Training Program	FAD		Vocational skills of the youth	Life planning education, vocational skills training, on-the-job training & referral	Designed to make life a little better for disadvantaged youth	Community-based	Metro Manila	Disadvantaged youth		On-going
40. Multi-Service Campaign for Young People	PCPD		Adolescent health and sexuality, life planning educ., Relationships	Information, counseling and referral	"drop-in, stand alone, multi-service facility"	Community-based	Manila, Cebu and Baguio	15-24 years old	Assistance from POPCOM's AHYDP	On-going
41. Multi-Service Youth Center	BCYA	1985-1988	Adolescent Reproductive Health	Services	Provision of services	Community-based	Baguio City	Youth	POPCOM, Population Center Foundation	Completed
42. New Horizon's Drop-In Center for Street Children	BCYA	1990-1992		Medical services, counseling	Provision of services	Community-based	Baguio City	Street Children	President Social Fund	Completed
43. Pag-asa Drop-In Center	Local Government Unit (LGU)		ARH, contraception, pregnancy	Services, counseling	Provide special needs of street adolescents	Community-based	Davao City	Street adolescent		On-going
44. Peer Education Program	PLAN Philippines	1997-present		Peer education, peer counseling, training		School-based		Adolescent		On-going
45. Philippine Population Management Program (PPMP)	DOH and LGUs	2000	Population and reproductive health, infant and maternal mortality, teenage pregnancy, early marriage	Information, counseling, services	Improvement of access to services and information	Community-based	Metro manila, Baguio, Iloilo, Davao	Youth		
46. Pinoy Youth 2000	Options for Living		Understanding sexuality & assumption of responsibilities for sexual behaviors	Orientation meetings, training	Education & structured activities on sexuality	Community & school-based	Ellenwood church youth members, Bacoor High School, Naic Community Academy & Fair Haven Baptist Youth, MM	13-20 years old in- and out-of-school youth		

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Title	Implementor	Period of Implementation	Focus	Key Features	Approaches	Location	Geographical Sites	Target Clients	Funding Source	Status of Implementation
47. Population awareness and sex education program	DSWD and PCPD	1970s	Early marriage, unemployment, population, sexuality, responsible parenthood	Educ matls, lectures	Preparing osy economical and sexually	Community	National	OSY		
48. Population Education (POPED)	Department of Education (DepEd)	1970s-present	Family formation, maternal and child health, enhancement of status and role of women, fertility	POPED in formal education	Integrating POPEN in school curriculum	School-based	National	Students in public and private secondary schools		On-going
49. Revitalized Guidance Program	DepEd and PCPD	1994	Population	Training	Institutionalize a revitalized guidance program in 15 division leader schools in 15 regions	School-based	National	Secondary school students and guidance counselors	UNFPA	On-going
50. RH Subprogram	DOH		FP, maternal and child health, RTIs, STDs	Health services, sex education	Services and education provision	Community-based	Regions 2, 6, 12 and ARMM	Women and children	UNFPA	
51. Seminar and Training program	Institute of Women's Studies, St. Scholastica's College		Women's rights	Training	Training, awareness	School and community-based		Women		On-going
52. SHINE (Sexual Health Initiatives through Networking and Education)	CARE Philippines	1998-1999	ARH	Discussions	Discussion Of Taboo Subjects Like Sex With Young Adults	Community-Based	Cagayan De Oro	13-25 Yrs Old	Care Phils.	Completed
53. SMU-ARH/VAW Program	St. Mary's University, Nueva Vizcaya	20 July 1999 to present	Teen pregnancy prevention, early marriage prevention & STD/HIV/AIDS prevention	ARH on Air, FGD Counseling, outreach, resource speakers' pool, CO, IEC, clinical referrals, population education library, youth camps, ARH curriculum integration & teen center	Integration of RH issues & concerns in the curriculum, sexuality education, counseling & policy advocacy	School-based	Province of Nueva Vizcaya	13-24 years old	Provincial Government, Regional Population Office & UNFPA	On-going
54. Strengthening and Revitalizing the Population Education Program	DepEd, Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA)	1996-1999	ARH, gender equity, HIV/AIDS, family life and responsible parenthood	POPED	Integrate POPEN in the curricula of the three levels of the educational system	School-based	National	Youth in schools		Completed

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Title	Implementor	Period of Implementation	Focus	Key Features	Approaches	Location	Geographical Sites	Target Clients	Funding Source	Status of Implementation
55. Support Services for the Youth	Harnessing Self-Reliant Initiatives and Knowledge, Inc. (HASIK)	1986	VAW, early childhood care and development, ARH, sexuality, teenage drug abuse	Support services, IEC, training	Addressing issues and providing support services	Community-based	Metro Manila	Youth, women		On-going
56. Tambayan Center	Tambayan Center for the Care of Abused Children, Inc.		Violence against children	Shelter, counseling	Shelter for children victims of abuse and incest	Community-based	Davao	Abused children		On-going
57. Teen Center/Teen Circle	Kabalaka Development Foundation, Inc.		Adolescent reproductive health	Counseling, medical consultation	Counseling and medical consultation	Community-based	La Carlota and La Castellana	Youth		
58. Teen Health Quarters	FAD		ARH	Medical services, information and education, value formation, counseling, referral	Community-based lifestyle center for the youth	Community-based	Metro Manila	Youth		On-going
59. Teen horizon	Kabalaka		ARH	Counseling	Counseling in the community	Community-based	La Castellana	Youth		
60. Teenfad.ph	FAD		ARH	Web counseling, web library, teen help resources, network referral, e-mail-a-friend	Counseling, information	Community	Metro Manila	Youth		On-going
61. UNFPA Fourth Country Program (Support to the Adolescent Fertility and Youth Development Program)	UNFPA, POPCOM, PMT	1994-1998	Fertility, youth development	Trainings, study tours, program development, evaluation and technical assistance, IEC, upgrading technical capability	Enhanced multi-agency participation in program development	Agency-based (LGU/NGO)	National	Government agencies	UNFPA	Completed
62. Urban Youth Development Program	BCYA	1992		Training, workshop	Training for youth development	Community-based	Baguio City	Youth	PLAN	
63. Women And Child Protection Unit	Davao Medical Center (DMC)	1997-Present	VAWC	Counseling, medical services, networking	Medical services and counseling	Community-based	Davao	Abused women and children	DMC, DOH	On-going
64. Women's Health and Safe Motherhood Project	Department of Health (DOH)	Until 2002	Basic and emergency obstetric care	Medical services	Ensure access to quality and comprehensive obstetric care	Hospital-based/community	National	Women and babies	GoP, ADB, WB, AUSAID, EU, KfW (\$128.5M)	Completed
65. Working Youth Center	Department of Labor and Employment (DOLE)		Leadership	Leadership training, capability building	Developing young workers into effective leaders through training	Workplace-based	National	Young workers		On-going
66. XYZ	Women's Media Circle		Women's rights, RH, VAW, etc.	Magazine, radio and TV program, books	Multi-media campaign for young women	Community-based	Metro Manila	Young women		On-going
67. Young Adult Peer Educators on Youth SRH	TUCP		Sexuality and reproductive health	Training	Peer educators training to reach the youth	Workplace-based	National	Young workers		On-going

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Title	Implementor	Period of Implementation	Focus	Key Features	Approaches	Location	Geographical Sites	Target Clients	Funding Source	Status of Implementation
68. Youth 2 One	LGUs, Colleges and Universities, DOH, POPCOM	2001-Present	Adolescent sexuality, and human rights	FGDs, leadership training, for a, partnership	Reestablishing partnerships with barangays, institutions, agencies, and organizations	Community and school-based	Cebu	Adolescents		On-going
69. YOUTH in Action for RH & Rights	Development of People's Foundation (DPF)	2000-2002	Youth involvement in provision of ARH services	Youth narrative research, seminars, workshop, fora, dances, skits	Leadership Development in ARH	Community-based	Barangays Sasa, Panacan & Bunawan of District II, Davao City	15-24 youth leaders	David & Lucile Packard Foundation	Completed
70. Youth Corner	ISSA		ARH	Film showing, discussions, newsletter	Information and awareness	School and community-based	Metro Manila	Youth		On-going
71. Youth Development/ Empowerment/ Participation	Friends Network @ CAR		Youth development	Training, IEC	Development, empowerment and participation	Community-based	Cordillera Autonomous Region	Youth		
72. Youth Empowerment and Development Program	BCYA	1995-1998	Youth character and capability building, community participation	IEC, capability building, peer development, youth organizing & mobilization, networking and referrals, community and school outreach, advocacy, enterprise development, counseling, consultancy	Youth empowerment and development	School and community-based	Baguio City	Youth	CYFP	Completed
73. Youth Empowerment to Serve and Grow with Others	BCYA	1998-2000	Empowerment	Training, leadership	Youth training and participation	Community-based	Baguio City	Youth	Levi's Strauss, CYFP	Completed
74. Youth Group	Al-Mujadilah Development Foundation (AMDF)		ARH, contraceptives	Advocacy, medical services, workshops	ARH advocacy	Community-based	Marawi City	Youth leaders, youth		On-going
75. Youth SRH	TUCP		ARH	IEC	IEC	Workplace-based	National	Young Workers	UNFPA	
76. Youth Zone	Remedios Aids Foundation, Inc. (RAF)	1998-present	Promotion of responsible sexual behavior	Film showing, lectures, peer educators' seminar, plays, art therapy, drama & computer-based internet education, peer counseling, medical	Sexuality/ STD/HIV AIDS education; community outreach & behavioral skills development	Mall-based	Tutuban Centre, Manila	12-19 years old		On-going

Annex 3. Adolescent reproductive health-related policies

Title	Subject	Date Enacted	Scope	Implementing Agency	Status
1. R.A. No. 6365/Population Act of 1971	Population policies	1972	National	POPCOM	Amended
2. Proclamation No. 603/the Child Youth & Welfare Code	Rules & regulations on the apprehension, investigation, prosecution & rehabilitation of youth offenders	December 10, 1974	National	Council for the Welfare of Children	Being implemented
3. R.A. No. 7610/Special Protection of Children Against Child Abuse, Exploitation & Discrimination Act	Provides for stronger deterrence & special protection against child abuse, exploitation & discrimination, providing penalties for its violation, & for other purposes	June 17, 1992	National	Council for the Welfare of Children	Enacted & being implemented
4. R.A. No. 8044/An Act Creating the National Youth Commission	Establishment of a national comprehensive program on youth development, appropriation of funds & other purposes	July 25, 1994	National	NYC	Being implemented
5. R.A. No. 7658/	An Act prohibiting the employment of children below 15 years of age in public & private undertakings	November 9, 1994	National	Council for the Welfare of Children	Being implemented
6. Executive Order No. 307/Implementing of Family Planning Program at the Local Government Level	Ensuring availability of information & services of FP, including NFP, at appropriate levels adhering to standard of quality care promulgated by the national program	February 28, 1996	National/Local	Local government units	Being implemented
7. R. A. 8369	Family Courts Act of 1997 mandating the creation of family courts, & assigns to these courts the hearing & resolution of domestic violence cases against women & children including adolescents, using applicable laws.	October 21, 1997	National	Supreme Court	Being implemented
8. Executive Order No. 24/Women & Development Code of Davao City	Allocation of 30% from ODA & 6% from local funds to women & gender-sensitive projects & formulation of gender-sensitive programs including ARH	1998	Davao City	City Planning and Development Office	Enacted & being implemented

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Title	Subject	Date Enacted	Scope	Implementing Agency	Status
9. R.A. No. 8505	Rape Victim Assistance & Protection Act	1998	National	Philippine National Police, DOJ, etc.	Being implemented
10. R.A. No. 8353	Anti-Rape Law	1997	National	Philippine National Police, DOJ, etc.	Being implemented
11. Administrative Order 1-A	Philippine Reproductive Health Program & adopted the ten service elements of RH	1998	National	DOH	Being implemented
12. R.A. No. 8504	Philippine AIDS Prevention & Control Act	1998	National	DOH	Being implemented
13. R.A. No. 7877	Anti-Sexual Harassment Act of 1995, a special law that names, defines & penalized sexual harassment in the workplace, education or training environment				
14. Administrative Order No. 43/Reproductive Health Policy	Broadening of population policies & programs beyond family planning & a much closer collaboration among development agencies as the primary mechanism to attain the reproductive health approach objective.	January 15, 1998	National	DOH	Being implemented
15. Administrative Order 34-A/Adolescent & Youth Health Policy	Promotion of the total health, well-being & self-esteem of adolescents & youth by promoting a safe & supportive environment, providing information, building skills & providing services	2000	National	Department of Health	Enacted & being implemented
16. City Ordinance 1933	Anti-Domestic Violence Ordinance of Cebu City which is the first local measure in the Philippines that penalizes perpetrators of domestic violence & provides protection to victims.	June 26, 2002	Local	Local Government Unit	Being implemented
17. Reproductive Health Care Act of 2002/House Bill 4110/Senate Bill 2325	Seeks to improve the health & well being of Filipinos by ensuring their right to reproductive health care & their right to reproductive self-determination, and it includes adolescent reproductive health programs	N/A	National	N/A	Proposal

Annex 4. List of key informants

Name	Organization	Position
1. Agnes, Tin-tin	DKT Philippines, Inc.	Ads and Promotions
2. Anorico, Auralyn	UNFPA	Program Officer for ARH and Gender
3. Balbuena, Joyce	HAIN	ARH Coordinator
4. Chan, Gina	Center for Women's Studies	
5. de Asis, Nene Kgd.	Bantay Familia (Naga City)	Executive Director
6. Escuadra, Imelda Dr.	WCPU-Bicol Medical Center	Psychiatrist
7. Fortaleza, Rosa	POPCOM V	Director
8. Gelle, Alexandra	KDFI	Resident Manager
9. Jusayan, Apple	ISSA	Librarian
10. Lao, Yasmin	AMDF, Inc.	Executive Director
11. Mangohig, Sylvia	ISSA	Senior Technical Staff
12. Mercader, Ma. Perpetita	IPHC, DMSF	Executive Director
13. Moselina, Leopoldo	UNICEF	Chief, Child Protection
14. Pineda, Karen	LIKHAAN	Nurse
15. Purugganan, Minda	DPF	Administrative Officer
16. Quianzon, Josephine	IPHC, DMSF	Researcher
17. Rayala, Den	ADNU-OGD	Program Coordinator
18. Raymundo, Corazon Dr.	UPPI	Over-all Program Coordinator (YAFSS)
19. Samonte, Lani	DSWD	
20. Sevilla, Malou	PLAN Philippines	Health Coordinator
21. Triunfante, Christita Cervantes	MIDAS	Executive Director

Annex 5. List of organizations contacted

1. Al-Mujadilah Foundation, Inc. , Marawi City
2. Bantay Familia (Naga City) , Naga City
3. Center for Women's Studies
4. Child Protection Unit (Philippine General Hospital)
5. Commission on Population
6. Commission on Population, Legaspi City
7. Davao Medical Center – Women and Child Protection Unit
8. Department of Health
9. Department of Interior and Local Government
10. Department of Labor and Employment
11. Department of Social Welfare and Development
12. Development of People's Foundation, Inc., Davao City
13. DKT Philippines, Inc.,
14. Family Planning Organization of the Philippines
15. Foundation for Adolescent Development, Inc.
16. Health Action Information Network
17. Institute for Social Studies and Action
18. Institute of Women's Studies
19. ISIS International
20. Kabalaka Development Foundation, Inc. , Bacolod City
21. Linangan nang Kababaihan
22. Mayon Integrated Development Alternatives and Services, Inc. , Legaspi City
23. McCann-Erickson Philippines
24. National Youth Commission
25. Office of Gender Development (Ateneo de Naga University) , Naga City
26. Philippine Legislators' Committee on Population and Development
27. Philippine Psychiatric Association
28. Remedios AIDS Foundation, Inc.
29. Reproductive Health, Rights and Ethics Center for Studies and Training
30. Social Development and Research Center (De la Salle University)
31. Trade Union Congress of the Philippines
32. United Nations Children's Fund
33. United Nations Population Fund
34. University of the Philippines Population Institute
35. UP Center for Integrative and Development Studies
36. UP Center for Social Work and Community Development
37. UP College of Home Economics
38. Women's Media Circle

Annex 6. List of organizations with adolescent reproductive health materials

1. AIDS Action
2. Al-Mujadilah Development Foundation , Marawi City
3. Ateneo Social Science Research Center , Naga City
4. Baguio Center for Young Adults, Inc. , Baguio City
5. Bantay Familia , Naga City
6. Buas-Damlay Youth Foundation. Inc.
7. Bureau of Child and Youth Welfare
8. Center for Reproductive Health Leadership and Development, Inc.
9. Center for Women's Studies
10. Children and Youth Foundation of the Philippines
11. Commission on Population
12. Commission on Population (Region V and VI)
13. Community and Family Services International
14. Council for the Welfare of Children
15. Demographic Research and Development Foundation, Inc.
16. Department of Education
17. Department of Health
18. Department of Social Welfare and Development (Programs and Special Projects Bureau)
19. Development of People's Foundation, Inc. , Davao City
20. Division of Social Sciences (UP Baguio) , Baguio City
21. DKT Philippines, Inc.
22. End Child Prostitution, Child Pornography & the Trafficking of Children for Sexual Purposes
23. Engender Health
24. Family Planning Organization of the Philippines
25. Foundation for Adolescent Development, Inc.
26. HANAS Cooperative
27. Health Action Information Network
28. HIGALA Association, Inc.
29. Institute for Social Studies and Action
30. Institute of Primary Health Care , Davao City
31. Institute of Social Order (Ateneo de Manila University)
32. Kabalaka Development Foundation, Inc. , Bacolod City
33. Mayon Integrated Development Alternatives and Services, Inc. , Legaspi City
34. McCann-Erickson Philippines
35. Medecins Sans Frontiers-Belgium
36. National Bureau of Investigation
37. National Project on Street Children
38. National Statistics and Coordination Board

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39. National Statistics Office
40. National Youth Commission
41. Office of Gender Development (Ateneo de Naga University) , Naga City
42. Philippine Action for Youth Offenders
43. Philippine Legislators' Committee on Population and Development
44. PLAN Philippines
45. Population Council, Inc.
46. Ramon Aboitiz Foundation, Inc.
47. Reproductive Health Reference and Resource Center
48. Reproductive Health, Rights and Ethics Center for Studies and Training , Manila
49. Sentrong Sigla
50. SMU-ARH VAW Task Force
51. Social Action Center (Diocese of Legaspi) , Legaspi City
52. Social Development Research Center
53. Social Research Office (Ateneo de Davao) , Davao City
54. Social Weather Station
55. Soroptimist International of Baguio , Baguio City
56. Trade Union Congress of the Philippines
57. UNESCO
58. United Nations Children's Fund , Manila
59. United Nations Population Fund
60. University of the Philippines Population Institute
61. UP Center for Integrative and Development Studies
62. UP Center for Social Work and Community Development
63. Women's Feature Service Philippines, Inc.
64. Women's Media Circle
65. World Health Organization

Annex 7. List of organizations with adolescent reproductive health programs

1. Al-Mujadilah Development Foundation, Marawi City
2. Baguio Center for Young Adults, Inc. , Baguio City
3. Bantay Familia , Naga City
4. CARE Philippines
5. Caritas Manila
6. Catholic Educational Association of the Philippines
7. Center for Women's Studies
8. Christian Children's Fund
9. Commission on Higher Education
10. Commission on Population
11. Davao Medical Center , Davao City
12. Department of Education
13. Department of Health
14. Department of Labor and Employment
15. Development of People's Foundation , Davao City
16. DKT Philippines, Inc.
17. Family Planning Organization of the Philippines
18. Foundation for Adolescent Development, Inc.
19. Friends Network @ CAR
20. Harnessing Self-Reliant Initiatives and Knowledge, Inc.
21. Institute for Social Studies and Action
22. Institute of Women's Studies
23. Kabalaka Development Foundation, Inc., Bacolod City
24. Kabalikat ng Pamilyang Pilipino Foundation
25. Kaugmaon , Davao City
26. Maryknoll Foundation
27. Mayon Integrated Development Alternatives and Services, Inc. , Legaspi City
28. Options for Living Foundation, Inc. , Baguio City
29. Philippines Center for Population and Development
30. PLAN Philippines
31. Philippine NGO Council on Population, Health and Welfare
32. Population, Health and Welfare, Inc.
33. Remedios AIDS Foundation, Inc.
34. St. Mary's University , Nueva Vizcaya
35. Tambayan Center for the Care of Abused Children, Inc.
36. Technical Education and Skills Development Authority
37. Trade Union Congress of the Philippines
38. United Nations Population Fund
39. Women's Media Circle

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